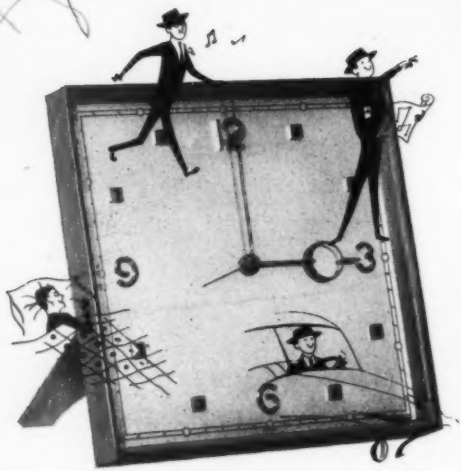
July Medical Economics

Health for the Forty-Plus

The story of a G.P.'s preventive medical service • *Page 54*



For your allergic patients... the antihistamine that gives

'Round-the-clock relief from 4 small doses

Decapryn's *long-lasting relief*,[1] combined with *low milligram dosage*,[2] makes it the ideal antihistamine for treating difficult allergies, or patients who have not responded to other drugs.

1. "Symptoms were relieved from 4 to 24 hours after the administration of a single dose of Decapryn—"... Sheldon, J.M. Et al: Univ. Mich. Hosp. Bull. 14:13-15 (1948)
2. "It was found that 12.5 mg. could be given during the day with comparatively few side reactions and yet maintain good clinical results—"... MacQuiddy, E.L.: Neb. State M.J. 34:123 (1940)

DECAPRYN®

The long-lasting, low-dosage prescription antihistamine

DECAPRYN (DOXYLAMINE) SUCCINATE
Available on prescription only, as pleasant-tasting liquid, or tablets (12.5 mg., 25 mg.)

Merrell
CINCINNATI • U.S.A.

Accurate, on the spot

Hb Determinatio

Widespread acceptance of the Spencer Hb-Meter proves that physicians need this means of obtaining *laboratory* accuracy in hemoglobin determination *in less than* 3 *minutes.*

Only the Hb-Meter permits:

- ★ Complete portability
- ★ Results in grams per 100ml or a choice of percentage scales
- ★ Hemolysis of blood without dilution
- ★ Accurate determinations by persons with deficient color vision
- ★ Matching field within the spectral region of maximum visual sensitivity

SPENCER

CHEMISTS' SUPPLY COMPANY, INC.

67 EAST MADISON STREET • PHONE: STate 2-5231

CHICAGO, ILLINOIS

Medical Economics

* * * *July 1950* * * *

[CONTINUED ON FOLLOWING PAGE]

Contents [*Continued*]

DEPARTMENTS

CCA Copyright 1950, Medical Economics, Inc., Rutherford, N.J. 25 cents a copy, $3 a year (Canada and foreign, $3.50). Circulation: 141,000 physicians and residents NBP ☆ PICTURE CREDITS: (left to right, top to bottom) Cover, 55, Muray-Black Star; 50, Chicago Park District, Haddon-U.S. Fish and Wildlife Service; 51, Haddon-U.S. Fish and Wildlife Service, Davenport-Chicago Park District, Robinson-Montana Fish and Game Commission, Pearson-U.S. Fish and Wildlife Service; 57, Gisler; 58, 60-65, Scott; 68, Viking Artline; 69, Selig, New York Times, Selig; 71, 72, Bausch & Lomb; 73, Bausch & Lomb, Beseler; 74, Fran Byrne; 75, Fred Hess; 78, Alameda County Medical Assn.; 80, Smith-Black Star ☆ VERSE CREDIT: 117, Chicago Tribune.

NEW non-caloric

sweetener stays sweet

...in cooking,

baking, canning

NOTE THE NAME Sucaryl SODIUM TRADE MARK

(CYCLAMATE SODIUM, ABBOTT)

With SUCARYL Sodium, Abbott's new non-caloric sweetening tablets, your diabetic and reducing patients will have immeasurably greater freedom in menu-planning —for now even those foods prepared by ***cooking, baking*** or ***canning*** can be sweetened without adding forbidden calories or carbohydrates.

And whether used in cooking, or simply added to hot or iced drinks, SUCARYL has ***no bitter after-taste*** when used in reasonable amounts.

Reports of clinical trials convey the enthusiasm with which patients have accepted SUCARYL. They not only welcome its wide range of uses as contrasted with saccharin, which loses its sweetness in cooking processes, but are virtually unanimous in their preference for the taste of SUCARYL.

Each eighth-gram tablet of SUCARYL Sodium is equivalent in sweetening power to one teaspoonful of sugar. Tablets are effervescent to shorten dissolving time, grooved for easy separation to suit individual tastes. Supplied in bottles of 100 and 1000, at pharmacies only. Abbott

• *Non-Caloric Sweetener for Diabetic and Low-Calorie Diets*

". . . a trial of both drugs increased the total percentage obtaining symptomatic relief to 90.2 per cent."[1]

PYRIBENZAMINE hydrochloride is widely preferred for maximum relief of allergic symptoms with minimal side effects.

PYRIBENZAMINE — *Tablets* (scored), 50 mg.; *Elixir*, 30 mg. (citrate) per 4 cc., approximately 1 teaspoonful.

ANTISTINE hydrochloride — having "relatively low toxicity at effective dosage"[1]—is indicated where other antihistaminics are poorly tolerated.

ANTISTINE—Tablets (scored), 100 mg.

1. Friedlaender, A. S., and Friedlaender, S.: Ann. Allergy 6:23, 1948.

Ciba PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY

PYRIBENZAMINE® (brand of tripelennamine); ANTISTINE® (brand of antazoline) 2/161284

CERTAINLY GRANDPA DIDN'T NEED VITAMINS...BUT...

In Grandpa's day fertile soil produced foods rich in vitamins and minerals. Today—soil depleted of nutrient content through the years, produce foods grossly lacking in these essential nutrients.

Grandpa consumed his foods fresh and ripe. Today much of the mineral and vitamin content of food is lost through early harvesting and lengthy storage.

Today foods are drained of minerals and vitamins by soil depletion, high refining and processing methods. As a protective measure against this loss of minerals and vitamins in the modern diet, specify VITERRA — a new concept of nutritional adequacy which provides 12 MINERALS and important trace elements together with 9 VITAMINS—ALL IN ONE CAPSULE.

• 12 Minerals and 9 Vitamins all in one capsule

MINERALS	
Cobalt (*Cobaltous Sulf.*)	0.1 mg.
Copper (*Cupric Sulfate*)	1 mg.
Boron (*Sodium Metaborate*)	0.2 mg.
Iron (*Ferrous Sulfate*)	10 mg.
Iodine (*Potassium Iodide*)	0.15 mg.
Calcium (*DiCalcium Phosphate*)	213 mg.
Manganese (*Manganous Sulf.*)	1 mg.
Magnesium (*Magnesium Sulf.*)	6 mg.
Molybdenum (*Sodium Molybdate*)	0.2 mg.
Phosphorus (*DiCalcium Phosphate*)	165 mg.
Potassium (*Potassium Sulf.*)	5 mg.
Zinc (*Zinc Sulfate*)	1.2 mg.

VITAMINS	
Vitamin A (*Refined Fish Liver Oil*)	5,000 USP Units
Vitamin D (*Irradiated Ergosterol*)	500 USP Units
Vitamin B_1 (*Thiamine Hydrochloride*)	3 mg.
Vitamin B_2 (*Riboflavin*)	3 mg.
Vitamin B_6 (*Pyridoxine Hydrochloride*)	0.5 mg.
Niacinamide	25 mg.
Vitamin C (*Ascorbic Acid*)	50 mg.
Calcium Pantothenate (*Dextro*)	5 mg.
Mixed Tocopherols Type IV	5 mg.

Viterra

J. B. ROERIG AND COMPANY
536 LAKE SHORE DRIVE • CHICAGO 11, ILLINOIS

TRAVENOL • TRAVAMIN • TRINIDEX • TRANSFUSO VAC • PLASMA-VAC • PLEXITRON

BAXTER

PROVIDES

FROM ONE SOURCE

the exact solution and the specific equipment for any bulk parenteral requirement.

Uniform containers, standard closures, easy-to-use sets and standardized procedures make the complete program easy to learn and efficient in operation.

No other program is used by so many hospitals.

SOLUTIONS ***Travenol, Travamin*** and ***Trinidex*** solutions provide the doctor with a choice to meet his exacting requirements.

BLOOD PROGRAM The world-renowned BAXTER CLOSED TECHNIQUE, ***Transfuso Vac*** and ***Plasma-Vac*** containers for every phase of modern blood banking.

ACCESSORIES ***Plexitron*** expendable sets for blood collection, plasma aspiration, solution and blood, plasma and serum administration.

all Baxter solutions are **pure**, **sterile** and **non-pyrogenic**

Products of

BAXTER LABORATORIES, INC.

Morton Grove, Illinois

TRAVENOL • TRAVAMIN • TRINIDEX • TRANSFUSO VAC • PLASMA-VAC • PLEXITRON • TRAVENOL • TRAVAMIN • TRINIDEX

DISTRIBUTED AND AVAILABLE ONLY IN THE 37 STATES EAST OF THE ROCKIES (except in the city of El Paso, Texas) THROUGH

AMERICAN HOSPITAL SUPPLY CORPORATION

GENERAL OFFICES • EVANSTON, ILLINOIS

1. *Terramycin may be highly effective even when other antibiotics fail.*

Clinical response[1,2] reported "excellent" and "good" in:

pneumococcal pneumonia and the other bacterial pneumonias, urinary tract infections caused by E. coli, Str. fecalis, A. aerogenes and Staph. aureus; typhus (murine and epidemic), brucellosis (melitensis), anthrax, erysipelas, streptococcal pharyngitis, bacteremia (S. cholerae-suis, var. Kunzendorf), pertussis.

Readily available, orally effective broad-spectrum antibiotic

Terramycin

2. *Terramycin may be well tolerated even when other antibiotics are not.*

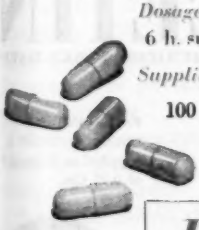
"terramycin was well tolerated . . ." in 93 per cent of one series of 81 cases.[3]

1. Knight, V.: Paper presented at the 144th Annual Meeting of the Medical Society of the State of New York, New York City, Section on Medicine, May 12, 1950.
2. King, E. Q., et al.: J. A. M. A. *143*:1 (May 6) 1950.
3. Hendricks, F. D., et al.: J. A. M. A. *143*:4 (May 6) 1950.

Dosage: **2 to 3 Gm. daily by mouth in divided doses q. 4 or 6 h. suggested for most acute Terramycin-sensitive infections.**

Supplied: **250 mg. capsules, bottles of 16;**

100 and 50 mg. capsules, bottles of 25.



Pfizer

CHAS. PFIZER & CO., INC.

Brooklyn 6, New York

NO's worth noting

Potent therapeutic agents may be two-edged swords—clinical efficacy coupled with varying degrees of toxicity. CHLOROMYCETIN is a powerful sword with a single edge. It exerts a remarkable antibiotic effect on a wide range of infections (including many unaffected by penicillin, streptomycin or the sulfonamides). At the same time, it is unusually well tolerated. Published reports emphasize its relative innocuousness.

"**NO significant untoward effects** in patients who received chloramphenicol under our care."

Smadel, J. E.: J.A.M.A. *145*:315, 1950 (discussion)

"**NO evidence of renal irritation** . . . No impairment of renal function . . . **No changes in the red-cell or white cell series** of the blood . . . nor did jaundice occur. . . . Drug fever was not observed . . . side effects were slight and infrequent."

Hewitt, W. L., and Williams, B., Jr.: New England J. Med. *245*:118, 1951

"**NO toxic reactions** or signs of intolerance were observed."

Payne, E. H.; Knaudt, J. A., and Palacios, S.: J. Trop. Med. & Hyg. *51*:90, 1948

"**NO symptoms or signs of toxic effects** attributable to the drug were observed."

Ley, H. L., Jr.; Smadel, J. E., and Crocker, T.: Proc. Soc. Exper. Biol. & Med. *68*:9, 1948

CHLOROMYCETIN®

CHLORAMPHENICOL, PARKE-DAVIS

CHLOROMYCETIN is effective orally in urinary tract infections, bacterial and atypical primary pneumonias, acute undulant fever, typhoid fever, other enteric fevers due to salmonellae, dysentery (shigella), Rocky Mountain spotted fever, typhus fever, scrub typhus, granuloma inguinale, and lymphogranuloma venereum.

PACKAGING: CHLOROMYCETIN is supplied in Kapseals® of 0.25 Gm.

PARKE, DAVIS & COMPANY

Memo from the Publisher

• "Do you realize," said one of our editors the other day, "that our readers bought half a million reprints from us last year?"

It was pretty early in the morning. "Reprints of what?" we asked.

"Why, reprints of articles published in MEDICAL ECONOMICS."

Frankly, it was news to us. The volume, that is. M.E. has always made a point of filling readers' requests for reprints, at cost or below. But since this service has never been publicized or even formally announced, we were a mite surprised to hear that business was that brisk.

How come?

"Guess the doctors run across an article they consider interesting or useful," said the editor, "and want to make sure colleagues or friends see it. Sometimes we wonder if they aren't actually mailing the same reprints to each other. For example, we filled orders for 137,500 reprints of that article called 'Investing $20,000: a Case History.' That amounts to one reprint for every U.S. physician in active, private practice."

Most M.E. reprints, we discovered, are distributed more selectively. For instance:

¶ A Blue Shield director asked for 500 copies of the recent editorial entitled "Those Catastrophic

Cases." He planned to send them to leaders in prepayment medicine throughout the U.S.

¶ Whitaker & Baxter arranged for 5,000 reprints of a series entitled "How the Wagner Plan Would Work." These were ear-marked for medical society speakers' bureaus all over the country.

¶ Dr. Ernest E. Irons, AMA president, got 14,000 reprints of the article, "Leftist Minority Woos Future Doctors." His mailing list: the internes and medical students of America.

Medical men are not the only targets for such mailings. Patients and legislators also turn up on the receiving end. Not long ago, a doctor in Red Oak, Iowa ordered 100 reprints of "Goin Assesses Compulsory Insurance." He said he wanted to enclose them with the bills he sent to leading local citizens. Recently, too, copies of the editor's "Report From Britain" were widely circulated on Capitol Hill, winding up in the Congressional Record. Again, the prime movers were the home-town physicians.

If you consider reprint requests a rough gauge of a magazine's development, you may want to make something out of the 450-per-cent boom in this M.E. sideline since 1946. Right now, our production man tells us, it takes about two weeks to fill new orders. Cost: around three to five cents a reprint (considerably higher in lots of less than 200).

—LANSING CHAPMAN

for emotional equilibrium in the menopause

BENZEBAR* not only frequently alleviates the depression you see in menopausal patients, but also the nervousness.

'BENZEBAR' is a logical combination of Benzedrine* Sulfate (racemic amphetamine sulfate, S.K.F.) and phenobarbital. Thus, it provides the unique improvement of mood characteristic of 'Benzedrine' Sulfate and the mild sedation of phenobarbital. These two established agents work together to stabilize the patient's emotions and to restore her zest for life and living. ***Smith, Kline & French Laboratories, Philadelphia***

Benzebar

for the depressed and nervous patient

"Benzedrine" and "Benzebar" T.M. Reg. U.S. Pat. Off.

Reduce the risk of vascular a

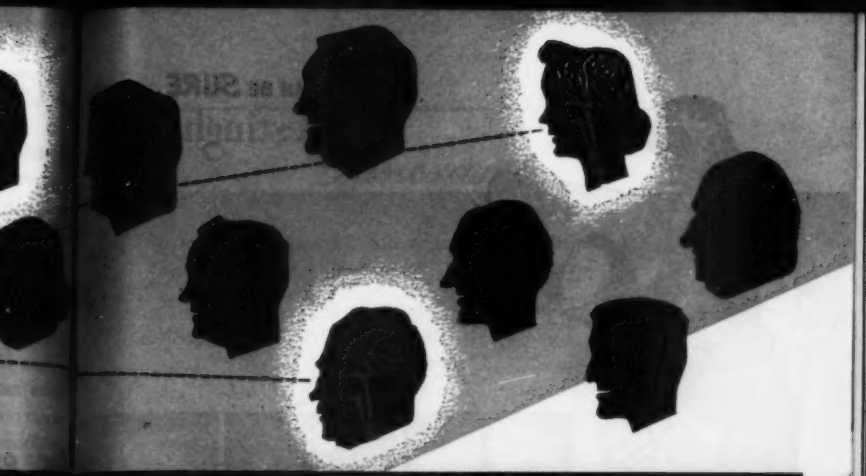
Griffith and Lindauer,* in a study of 1200 hypertensives found capillary abnormality in some 30%. Moreover, in this group the risk of vascular accident was increased fivefold!

RUTOL

A Brand of Rutin, Phenobarbital and Mannitol Hexanitrate, P.-M. Co.

— supports the capillaries while relaxing the arterioles in hypertension management.

*Griffith, J. Q. and Lindauer, M. A.: Ohio State M. J. 43: 1138 (1947).



ular accident in hypertension

VASODILATION—provided by the central effect of phenobarbital and the direct smooth muscle relaxing effect of mannitol hexanitrate on the vascular walls.

CAPILLARY SUPPORT—supplied by the effect of rutin in prevention and correction of increased capillary fragility.

Each Tablet Rutol contains:

Rutin	10 mg. (1/6 gr. approx.)
Phenobarbital	8 mg. (1/8 gr.)
Mannitol Hexanitrate	16 mg. (1/4 gr.)

BOTTLES OF 100, 500 AND 1,000 TABLETS

PITMAN-MOORE COMPANY
PHARMACEUTICALS AND BIOLOGICAL CHEMISTS
DIVISION OF ALLIED LABORATORIES, INC., INDIANAPOLIS 6, INDIANA

YOU CAN BE SURE.. IF IT'S
Westinghouse

Bedside x-ray diagnosis can be simple routine

Westinghouse offers a complete line of portable x-ray units suited for all your requirements. They are built for mobility—designed for ease of handling.

Whether it be examination of a patient at his home or in the hospital ward, or relieving an overcrowded x-ray department of minor work, Westinghouse Portable X-Ray Units can save you time. The Multiplane is especially useful when operated in conjunction with a fracture table in an Orthopedic Department.

You will want to examine the compl design, flexibility and precise control these units. Call your local Westinghou X-Ray Representative, or write direct Westinghouse Electric Corporation, 25 Wilkens Avenue, Baltimore 3, Maryla

J-08259

Westinghouse
X-RAY

*Trade Mark

Panorama

A million more Federal employes would be needed to run a nationalized medicine scheme, says Sen. (and dentist) Lester C. Hunt (D., Wyo.) . . . Medical schools *et al* to get $670,000 from life insurance companies this year for heart disease study and training. Total of such grants since 1945: $3.2 million . . . Cheaper by the half dozen: Omaha businessman Emil Rhedin decided on mass tonsillectomies for his six children, got special package rate from local surgeons and hospital.

Arteries for transplantation now being stored in an "artery bank" in New York's Bellevue Hospital. Tissue is removed in postmortem surgery with consent of deceased's family . . . JAMA "situation-wanted" ads will no longer carry designation of race, color, or creed. Revised policy follows complaint of American Jewish Congress that ads used terms like "Anglo-Saxon," "native born," "gentile," and "Protestant," thereby violating anti-discrimination law . . . Country-wide survey by National Selected Morticians, Inc., shows 85 per cent of funerals cost under $650 total. Average: $421.

Cold comfort: British doctors, their efficiency impaired under socialized medicine, are not unique. British labor, also socialized, was able last year to mine only 215 million tons of coal, contrasted with 40-year average of 240 million tons . . . Thirty-one fellowships in exfoliative cytology offered by American Cancer Society. Recipients get tuition plus $140 a month maintenance for four-month course. Candidates must be citizens, under 51, graduates of approved schools, and with two years' post-graduate training in pathology . . . Strangest of all compliments came to Iowa pediatrician Lee F. Hill, author

NEW...

A bactericidal SOAP

FOR PHYSICIANS, SURGEONS A

In Office, Home, Operating Room and All Cleansing Procedures

You'll say it's a top quality bar of hard-milled soap—yet its ingredients give results never obtained from any soap.

Gamophen contains hexachlorophene (2%),* the most effective, longest-acting skin antiseptic known. The soap base was specifically selected to provide optimum release of hexachlorophene's bactericidal properties, without irritating or drying the skin. Gamophen has been tested in 3½ years of laboratory and clinical evaluation.

Prolonged Antibacterial Effect

The hexachlorophene exerts a prolonged antibacterial effect against the resident flora of the skin, gram-positive and gram-negative organisms, pathogenic and non-pathogenic bacteria.

Several investigators have found that the standard scrub of 15 or 20 minutes may safely be reduced to from 3 to 6 minutes when Gamophen is used.

In a series of comparison tests it was found that the bactericidal action of Gamophen was 36% greater against mixed cultures of S. aureus, S. hemolyti-

WHAT YOU GET IN GAMOPHEN

Bactericidal action. Sustained low count in regular use. Emollient effect—no irritation. Quick, rich lather in any water. An excellent deodorant. Economy—less than half the cost of liquid soap. Tremendous Time Saver—3-minute scrub is sufficient.

* "Hexachlorophene" has been accepted by the Council on Pharmacy and Chemistry of the American Medical Association as the generic term for dihydroxyhexachlorodiphenyl methane.

GAMOPHEN ANTISEPTIC S

ETHICON SUTURE LABORATORIES

INCORPORATED

NEW BRUNSWICK, NEW JERSEY

AND HOSPITAL PERSONNEL

Emollient, Rich-Lathering, Fast-Acting Continuously-Effective, Economical

cus and E. coli, and 10% greater against Cl. welchii, than 3½% tincture iodine.

When used routinely for all cleansing occasions in hospital, office and home, Gamophen establishes a protective antibacterial film which exerts a continuous action. The marked degree of suppression achieved is maintained as long as this soap is used regularly and for several days after its use is stopped. The use of alcohol or other solvent rinses is contraindicated.

Bactericidal in 3-minute Scrub

Gamophen Soap is alkaline in solution, with a pH of 8.5 to 9. It is bactericidal in a 3-minute scrub in the concentrations used in normal scrub conditions. It quickly produces a thick, rich lather, even in hard and cold water. Every lot produced is tested for potency.

WHERE TO USE GAMOPHEN

In office and home. In the hospital wherever soap is used—by staff personnel or patients. For pre-operative antisepsis of skin. Industrial clinics and first aid stations.

In other tests, hexachlorophene in Gamophen was found to be more effective than it was in other vehicles, such as certain liquids having an acid pH, in which it is bacteriostatic but not bactericidal. Liquid solutions having an acid pH lower the effectiveness of hexachlorophene.

Gamophen is supplied in 4½-oz. bars for home and office; in 2-oz. bars for hospital personnel and patients' use.

FREE—FULL-SIZE BAR FOR TRIAL

(May be clipped and pasted to Penny Post Card)

ETHICON, New Brunswick, N. J. DEPT. ME-750

Please send Gamophen Soap and Literature.

Dr._____

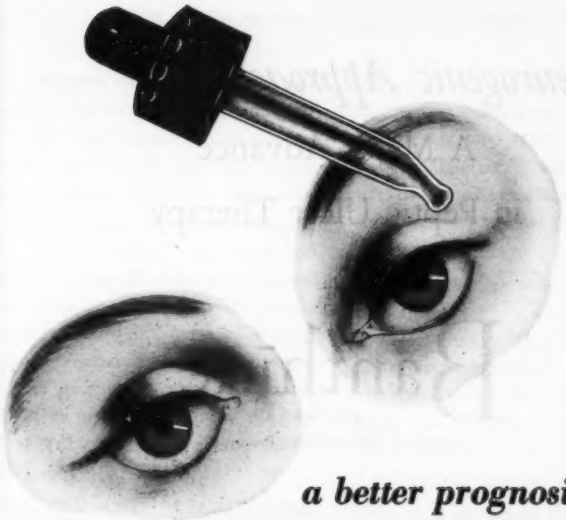
Street_____

of "Your Baby, the Complete Baby Book for Mothers and Fathers." The Negro woman who startled nation several weeks ago by stealing delicate premature infant from New York hospital studied the book and managed to keep baby alive and well.

Fat people who can't resist food should form an "Appetites Anonymous" for mutual help, Midwest public health conference was told . . . For $209,000, Dr. Charles E. Fitzgerald, of Long Beach, Calif., bought entire town of Stanfield, Ariz. Town has modern stores and dwellings; also houses 12,000 workers on nearby farmlands . . . Physicians' Forum, urging nationalized medicine, claims (but declines to offer proof that) its national membership is up 18 per cent over last year, with biggest gains in New York and Chicago . . . Trend: State medical associations of Florida and Missouri now admitting Negro members.

The man who defeated Senator Pepper—Rep. George Smathers—was "not always a member of our team," says Dr. John W. Cline, California member of AMA House of Delegates. "But," he adds, "the doctors of Florida took him aside and educated him. That's what we all must do" . . . Funds being sought by Music Research Foundation to provide fellowships for study of music as a form of adjunctive therapy in medicine and psychiatry. Gladys Swarthout, famed opera singer, heads membership committee . . . More than half million persons now wear trifocal lenses, relatively unknown a few years back. Lens combines three elements: for reading, for distance, for arm's-length vision.

Stockpiling of surgical supplies against atom bomb attack, already under way in New York, may spread to rest of country, says Dr. Norvin C. Kiefer, director of health resources, National Security Resources Board. He also foresees training of mobile first-aid teams on "unprecedented scale" . . . Washington again speculating that Truman will split his health program into separate legislative packages, the first bill to offer national compulsory hospital (not medical) insurance, possibly under sponsorship of Sen. Lester C. Hunt.



a better prognosis for the traumatized or infected eye

Prompt instillation of SODIUM SULFACETIMIDE SOLUTION 30% following injury to the cornea or conjunctiva is a remarkably certain means of preventing ocular infection. "In 365 eyes in which a foreign body was removed . . . no infection occurred in any case."[1]

When treatment is started early, eye infections such as acute conjunctivitis may be cured within 36 hours.[2] Beneficial results have been obtained in 80 per cent of patients. In corneal ulcer the eye becomes practically normal in three or four days.[3]

SODIUM SULFACETIMIDE SOLUTION 30%

(Sodium SULAMYD®)

In both the treatment and prophylaxis of eye infections, daytime therapy with SODIUM SULFACETIMIDE SOLUTION 30% is best supplemented by using SODIUM SULFACETIMIDE OPHTHALMIC OINTMENT 10%, applied at bedtime to maintain around-the-clock bacteriostasis.

Dosage: SODIUM SULFACETIMIDE SOLUTION 30%. One drop instilled in the eye every two to four hours depending on severity of infection or trauma.

Packaging: SODIUM SULFACETIMIDE SOLUTION 30% available in 15 cc. eye-dropper bottle. SODIUM SULFACETIMIDE OPHTHALMIC OINTMENT 10% in ⅛ oz. tubes.

Bibliography: 1. Meyer, L. L.: Arch. Ophth. *39*:232, 1948. 2. Kuhn, H. S.: Tr. Am. Acad. Ophth. (May-June) 1946, p. 238. 3. Wilkinson, G., in discussion of Meyer, L. L.: Arch. Ophth. *39*:232, 1948.

Schering CORPORATION
BLOOMFIELD, N. J.

SODIUM SULFACETIMIDE SOLUTION 30% ℞

The Neurogenic Approach—

A Major Advance in Peptic Ulcer Therapy

Banthine*

BROMIDE

Brand of Methantheline Bromide

BECAUSE of the widespread interest displayed in Banthine during the brief period since the results following its use have been published, a short summary of its pharmacologic, therapeutic and toxicologic properties follows.

Banthine is a potent drug, differing qualitatively and quantitatively from any other successful compound familiar to the profession. The excellent results reported have been obtained only by cautious observation of patients throughout the course of therapy. The same degree of care will be necessary in employing this drug in daily practice.

BANTHINE: PHARMACOLOGY

Unlike the antacid drugs, Banthine does not display its action within the gastrointestinal canal. Its effects are the result of a definitive action on the nervous mechanism.

Laboratory and clinical studies and observations indicate that Banthine acts as a true anticholinergic drug. The action takes the form of acetylcholine-inhibition at the ganglia of both the parasympathetic and sympathetic nervous systems, and also at the postganglionic nerve endings of the parasympathetic system.

A more complete discussion of its pharmacologic action is contained in a recently-prepared brochure which is available to physicians on request.

THERAPEUTIC ACTION

As might be anticipated from its pharmacologic properties, Banthine through its inhibitory action reduces the vagotonia characteristic of peptic ulcer patients. The result is a consis-

*Trademark of G. D. Searle & Co.

tent decrease in hypermotility and usually a decrease in hyperacidity.

Clinical experience has evidenced the rationale of this approach. Subjectively, ulcer symptoms have been relieved as soon as fifteen minutes after the first dose, with continued relief as long as the drug is continued at regular intervals. Objectively, motor and secretory inhibition has been demonstrated by intragastric balloon, analysis of gastric contents and other laboratory procedures, and healing of resistant ulcers has been demonstrated roentgenographically.

TOXICITY AND PRECAUTIONS

Side actions, such as some dryness of the mouth, mild blurring of vision, slight difficulty of urination or gastric fulness, may occur but usually disappear or decrease on continued medication; if severe, they may require dosage readjustment. Untoward reactions with Banthine therapy have not been encountered after eighteen months of clinical use.

DOSAGE AND ADMINISTRATION

The initial dosage may be 50 or 100 mg. (one or two tablets) every six hours with subsequent adjustment to the needs and tolerance of each patient. The usual adjunctive measures of diet, rest and relaxation should be prescribed at least for the first few weeks of treatment.

It is important that medication be prescribed to effect protection during the night hours. To provide this day and night medication the dosage schedule may be centered on the patient's usual time of arising, with additional doses every six hours thereafter.

Following healing of the active ulcer, it is important that the patient be placed on a maintenance dosage schedule of Banthine if he is to have a reasonable assurance of non-recurrence. Such doses may well be half the therapeutic doses. The patient should be instructed to increase his maintenance dosage to the therapeutic level during periods of unusual stress.

Banthine is a product of Searle research. G. D. Searle & Co., Chicago 80, Illinois.

REFERENCES

Collins, E. N.: Personal communication, March 28, 1950.

Dragstedt, L. R.: Personal communication, March 23, 1950.

Grimson, K. S., and Lyons, C. K.: Scientific Exhibit at the American Academy of General Practice, St. Louis, Feb. 20-23, 1950.

Grollman, A.: Pharmacology and Therapeutics, ed. 14, Philadelphia, Lea & Febiger, in press.

Longino, F. H.; Grimson, K. S.; Chittum, J. R., and Metcalf, B. H.: An Orally Effective Quaternary Amine, Banthine, Capable of Reducing Gastric Motility and Secretions, Gastroenterology *14*:301 (Feb.) 1950.

AN ADVANCE IN ANTIBACTERIAL THERAPY

OVER 500 CASES OF IMPETIGO . . .

treated with Furacin have now been reported in the literature. Several investigators report good results in over 90% of their cases, often within an average of seven days. Of 30 cases of ecthyma reported, good results were obtained in 24 within the average time of eight to ten days. Sensitization averaged under 5 per cent. Furacin® brand of nitrofurazone N.N.R. is available in 0.2 per cent concentration in water-miscible vehicles. It is indicated for topical application *in the prophylaxis or treatment of surface infections* of wounds, severe burns, cutaneous ulcers, pyodermas, skin grafts and bacterial otitis. *Literature on request.*

EATON LABORATORIES, INC., NORWICH, N. Y.

The NITROFURANS

O N O R

A unique class of antibacterials

Dillane, W. et al.: Treat. Serv. Bull. 2:47, 1947 • Downing, J. et al.: J.A.M.A. 133:299, 1947; Am. Pract. 2:357, 1948; New England J. Med. 239:62, 1948 • Eichenlaub, F. et al.: M. Ann. District of Columbia 17:452, 1948 • Johnson, H.: Arch. Dermat. & Syph. 57:348, 1948 • Miller, J. et al.: New York State J. Med. 47:2316, 1947 • Robinson, H. et al.: South. M. J. 40:409, 1947 • Sternberg, T. et al.: Ann. West. Med. & Surg. 3:221, 1949.

FURACIN SOLUBLE DRESSING · FURACIN SOLUTION · FURACIN ANHYDROUS EAR SOLUTION

"Sweet is pleasure after pain" — as Dryden put it — might well be a description of the welcome relief from discomfort which is bestowed upon injured skin or the mucosa of the genito-urinary and rectal areas by 'Surfacaine' (Cyclomethycaine, Lilly). A single topical application usually produces anesthesia lasting up to eight hours. Its low toxicity, however, permits more frequent use in extremely severe conditions. Available in a wide variety of effective forms:

OINTMENT • CREAM • LOTION • SUPPOSITORIES • JELLY

SURFACAINE

Lilly

ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U.S.A.

Complete literature on 'Surfacaine' is available from your Lilly medical service representative or will be forwarded upon request.

Speaking Frankly

RSVP

A vexing point to many physicians [who write scientific papers] is the unconcerned attitude of many editors of scientific journals. I know of cases where the editorial answer was given to the author six, eight, or even ten months after submitting a paper. The rule [that a paper may be submitted to only one journal at a time] is fair only if the author is notified of a decision within two months.

M.D., New York

Diagnosis

Your recent article, "Psychiatry as a Specialty," is extremely good. It is uncolored by any fancy ballyhoo and deals with the basic facts. I congratulate you on this excellent presentation. I wish some of the lay magazines would do as good a job in describing our specialty.

Paul V. Lemkau, M.D.
Johns Hopkins University
Baltimore, Md.

"Psychiatry as a Specialty" is a well-done bit of reporting. But there's one thing that stops me. It's your reference to the "2,500-*odd* psychiatrists" in private practice. Am I to infer that the other 2,500 of us not in private practice are at least superficially sane?

James A. Brussel, M.D.
Willard, N.Y.

V.A.

Speaking of "What the V.A. Home-Town Plans Prove" (June MEDICAL ECONOMICS):

I believe your statements about the lessons learned are all conservative and correct. It is perfectly true that "V.A. hopes have to be geared to V.A. budgets, and that's where the trouble starts."

Personally, I am not at all in favor of establishing bureaucratic medical practice in V.A. offices. I want to keep the roll of full-time V.A. doctors as small as possible, use the doctors in private practice as much as possible. But there are certain V.A. procedures that cannot be done well by doctors who are not familiar with our requirements.

Pension examinations, for example, are difficult for the private physician to handle satisfactorily. His clinical histories may be the best in the world; but if they do not show whether the conditions complained of stem from a service-connected disability, they do our claims service little good.

It is due to the interest of the

medical profession that V.A. hometown care has been such a tremendous success. But I am afraid the red tape of getting authorizations and of getting bills paid will exist as long as Government has anything to do with the procedure. It will never be too simple.

Paul B. Magnuson, M.D.
Chief Medical Director
Veterans Administration
Washington, D.C.

Mercy

Dr. Henry A. Davidson, in his recent article on euthanasia, asks, in effect, "Who would press the plunger that would put the incurably ill patient to death?"

I would.

I never have. But if the law were changed, if public opinion were modified, I would help a suffering fellow-being to relief. And I'd feel better for the act.

The Hippocratic oath? Dr. Davidson himself points out that this is subject to modernization. All physicians ease the pain of the dying patient. There is no reason why, if the dragging of time becomes a factor in suffering, the physician should not help by decreasing this factor.

The changes required in our morals and laws are not for physicians to make. This is the responsibility of the community at large. Then it will be the responsibility of the medical profession to carry out this new, probably unpleasant, duty. Many of our assignments are unpleasant. Our predecessors had to learn anatomy through the assistance of ghouls.

But I believe that additional stipulations should be included in proposed euthanasia laws. For one thing, there should be an *awareness* of pain by the patient, not merely the groaning and tossing of semi-stupor. For another, the procedure should be carried out at a recognized hospital.

Fully legalized, "mercy killing" would become the proper province of the physician. In time he would come to regard the act as part of his regular work. At any rate, under such circumstances, I would be the executioner. And I suspect that I am not alone.

M.D., Pennsylvania

The article about "mercy killing" omitted the primary reason for opposition to this form of murder. It was contrary to the divine, natural law when the Hippocratic oath was formulated. And it will continue to be contrary to the divine, natural law, even though the swing toward materialism progresses. It always was intrinsically evil and always will be.

Henry G. Hughes, M.D.
Columbus, Ohio

Open

Your June article "What the 'Loyal Opposition' Wants" was superb . . . I think it most remarkable that a magazine which one would expect would stand on the extreme right

the least toxic sulfonamide studied*

Yes, SULFACETAMIDE . . . the least toxic sulfonamide reported in Lehr's clinical studies . . . is now combined with sulfadiazine and sulfamerazine as Pansulfa, with these therapeutic advantages:

1 The established antibacterial power of three sulfas.

2 Less danger of crystalluria or renal damage.

3 Uniform dosage—the thixotropic gel of the suspension assures even dispersion. Also available in palatable tablets.

Pleasant tasting

PANSULFA

SULFACETAMIDE
SULFADIAZINE
SULFAMERAZINE

Each teaspoonful or tablet contains 0.5 Gm. (7½ gr.) of the rapidly soluble sulfonamides 1:1:1

Merrell
1828
CINCINNATI • U. S. A.

*see Lehr, D. Federation Proc. 8:315 (1949)

"PANSULFA" trade-mark

should be the one above all others to exhibit open-mindedness . . . I think that MEDICAL ECONOMICS must do a great amount of good. My congratulations.

E. A. Park, M.D.
The Johns Hopkins University
Baltimore, Md.

Puff

It is to be regretted that you so often show the "doctor" in your illustrations with a cigarette in his lips. All doctors are not addicted to this drug habit. Why not sometimes a reference to the Bible?

M.D., Missouri

AIMS

It is unfortunate that your staff saw fit to rely so heavily on the red herring in reporting on the activities of the Association of Internes and Medical Students. Your article devotes eight of its nine pages to linking some of the AIMS leaders to unpopular causes, managing even to include a picture of Joe Stalin himself.

Only a few paragraphs inform your readers that the AIMS also participates in campaigns to raise internes' salaries and to increase opportunities for minority racial groups in medicine.

An honest article would have proportioned its space quite differently. Those of us who know of AIMS from our interne experience were often aware of left trends on broad political issues among some leaders. However, the daily work of our local and regional chapters

fast disintegration

fast action

fast relief

"Exorbin," one of the latest advances in antacid therapy, provides all of these advantages. "Exorbin" is an anion exchange resin which adsorbs hydrochloric acid from gastric juice.

Reaction in the stomach: $RX + HCl \rightarrow RX.HCl$

RX = anion exchange resin with the acid binding substituent X

When the resin and the attached acid molecules reach the alkaline medium of the intestine, the acid is released and neutralized; the resin is then excreted in its original form.

Reaction in the intestine:

$2RX.HCl + Na_2CO_3 \rightarrow 2RX + 2NaCl + H_2O + CO_2$

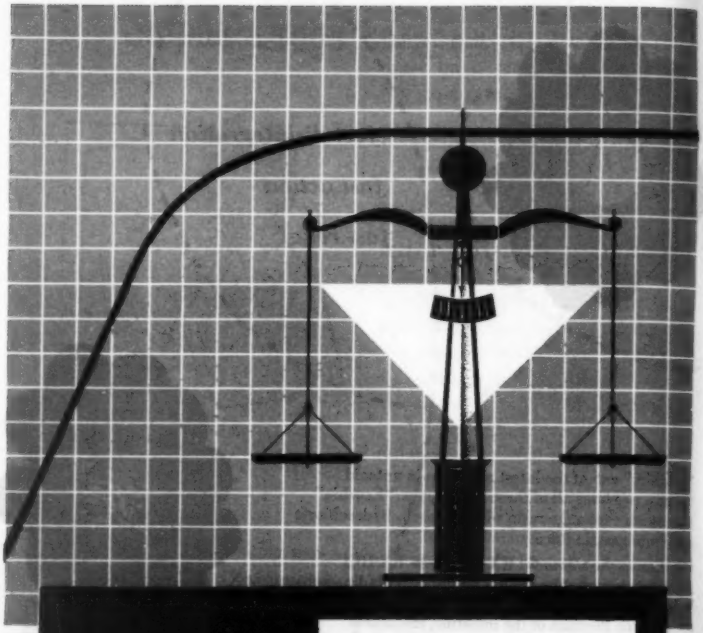
No interference with normal bowel function[1]
No alteration of acid-base balance of body fluids[2]
No toxicity even with massive dosages[3]

[1]Kraemer, M.: Postgrad. Med. 2:431 (Dec.) 1947.
[2]Kraemer, M., and Siegel, L. H.: Arch. Surg. 56:318 (Mar.) 1948.
[3]Martin, G. J., and Wilkinson, J.: Gastroenterology 6:315 (Apr.) 1946.

"Exorbin" No. 373 is presented in tablets of 0.25 Gm. (4 grains); bottles of 100. Also available in Powders, 1 Gm. (15 grains), No. 372; boxes of 50.

"Exorbin" *brand of* ***Polyamine Resin***

Ayerst, McKenna & Harrison Limited
22 East 40th Street, New York 16, N.Y.



Prompt acting long lasting antacid therapy . . .

SAFE—NO ACID REBOUND

AMT is not absorbed. An adverse metabolic effect can not occur; no danger of alkalosis or acid rebound. Pleasant to take, too. No chalky feel.

AMT*

TABLETS

DRIED ALUMINUM HYDROXIDE GEL WITH MAGNESIUM TRISILICATE

For relief of temporary hyperacidity. *Two convenient sizes*:
Tins of 30; bottles of 100.

*Trade Mark

Wyeth Incorporated • Philadelphia 3, Pa.

Wyeth®

did much to improve the relationship of medical students to faculty and house staff to hospital administration. Student health programs were established, interne training curricula improved, and hospital living standards raised. Local programs of this nature constituted at all times the major activity of the organization.

Monroe Schneider, M.D.
Brooklyn, N.Y.

Your article on the AIMS states that AMA delegates last summer proposed a "Junior AMA," and that a new organization called the American Medical Students Association has already enrolled more than 70 per cent of the medical student body of the University of Virginia. For the record I wish to state that I originated both these ideas.

Verification can be had from the files of the Council on Medical Service of the AMA, of which I was executive secretary during the first half of 1944. At that time I not only proposed the Junior AMA and a medical-student subscription rate of $1 for the Journal AMA, but wrote a constitution and by-laws for the American Medical Students Association. I had two members of the student body of our medical school appear before the Council on Medical Service, but we were unable to obtain the cooperation of the AMA Board of Trustees.

I have known from its inception that the AIMS was the kind of organization you describe, and I

Amebiasis

OCCURS THROUGHOUT THE U.S.

Intestinal • Extra-Intestinal (Hepatic)

"The geographical distribution of amebiasis is world-wide."[1] "Although amebiasis is often considered a tropical disease, it is prevalent even in certain arctic regions."[2]

INCIDENCE OF AMEBIASIS IN THE UNITED STATES

STATE	NO. EXAMINED	NO. POSITIVE	% POSITIVE
New York[3]	350	34	9.7
Pennsylvania[4]	1060	43	4.1
Minnesota[5]	5000	535	10.7
Illinois[6]	4478	601	13.4
Oklahoma[7]	924	92	10.0
Washington[8]	1526	164	10.7
California[9]	1341	92	6.9
Louisiana[10]	4270	355	8.3
Tennessee[11]	20,237	2,305	11.4
New Mexico[12]	1284	190	14.8
Total	**40,470**	**4,411**	**10.9**

Intestinal. Comparative in vitro studies have shown that Milibis, the new intestinal amebacide, is the most powerful of the drugs commonly used against Endamoeba histolytica. In clinical tests Milibis has given excellent results in thousands of cases. In 82.6 per cent of those that could be followed parasitologically for prolonged periods, negative stools were obtained consistently after one to four courses of Milibis treatment.[13] There were virtually no side effects.

Dose for adults: 2 tablets three times daily for seven days. If the stools remain positive the course should be repeated. Supplied in tablets of 0.25 Gm., bottles of 50.

MILIBIS®
Bismuthoxy Glycolylarsanilate

Extra-Intestinal. Aralen, an established antimalarial of relatively low toxicity, has been found remarkably effective in the treatment of extra-intestinal amebiasis (amebic hepatitis).[14-21] This discovery is particularly important because of the great frequency of extra-intestinal involvement in chronic amebiasis.

Dose for adults: 4 tablets daily in divided doses for two days, followed by 2 tablets daily for two to three weeks. Administer before, after or together with Milibis treatment. Supplied in tablets of 0.25 Gm., bottles of 100 and 1000.

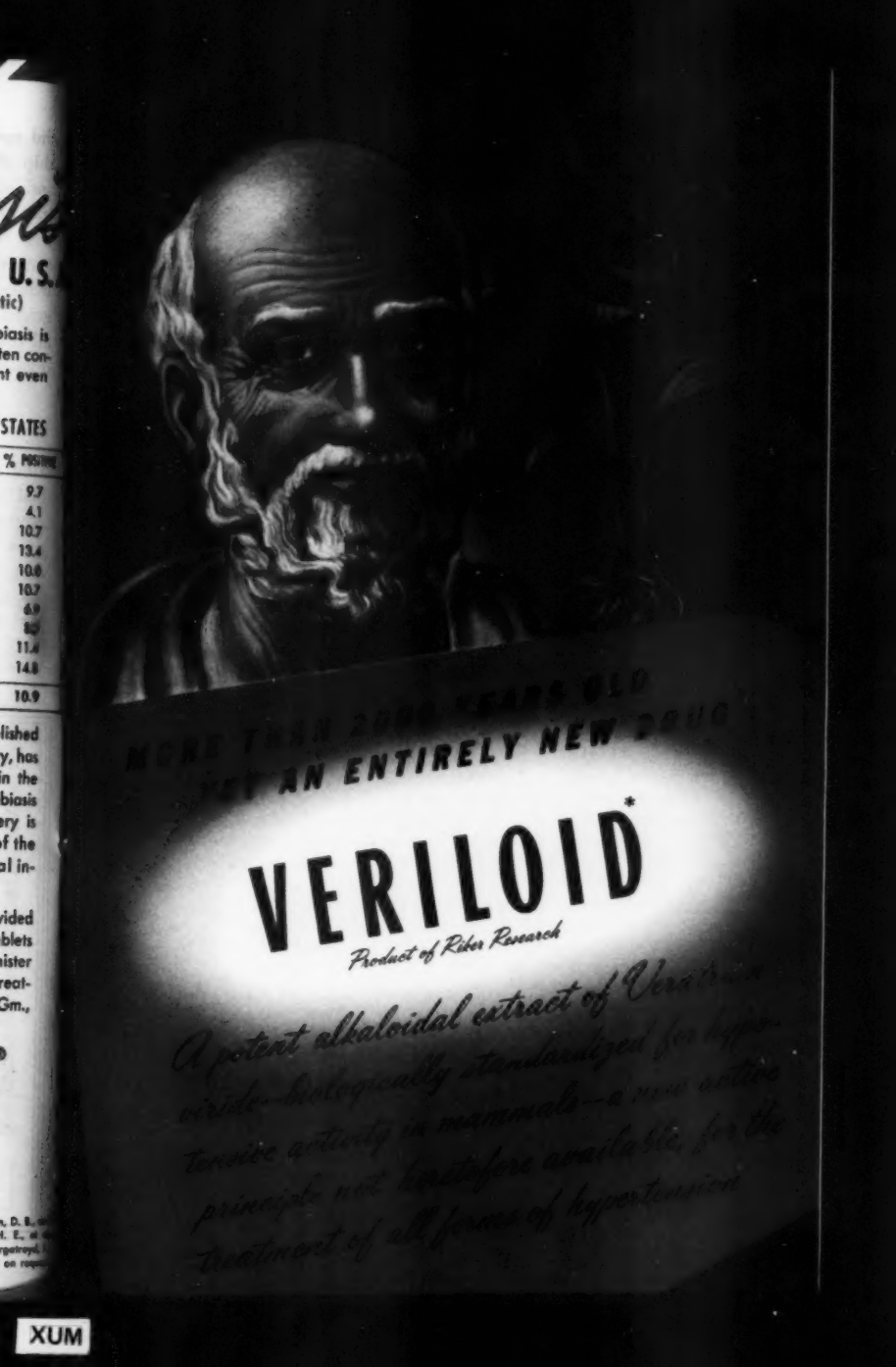
ARALEN®
DIPHOSPHATE
Chloroquine Diphosphate

Write for detailed information.

Winthrop-Stearns INC.
NEW YORK, N. Y. WINDSOR, ONT.

1. Craig, C. F.; 2. Almy, T. P.; 3. Towse, R. C., et al.; 4. Wenrich, D. H., et al.; 5. Sanford, M. F.; 6. Spector, B. K.; 7. McMullen, D. B., and Gray, J. K.; 8. Cresswell, S. M., and Wallace, C. E.; 9. Wight, T.; 10. Faust, E. C., and Headlee, W. H.; 11. Meleney, H. E., et al.; 12. Spector, B. K., and Hardy, A. V.; 13. Berberian, D. A.; 14. Conan, N. J.; 15. Shookhoff, H. B.; 16. Sodeman, W. A.; 17. Murgatroyd, and Kent, R. P.; 18. Basnuevo, J., and Esterli, E. G.; 19. D'Antoni, J. S.; 20. Manson-Bahr, P.; 21. Emmett, J. Full bibliography on request

Milibis, trademark – Aralen, trademark reg. U. S. & Canada


MORE THAN 2000 YEARS OLD
AN ENTIRELY NEW
VERILOID*
Product of Riker Research
A potent alkaloidal extract of Veratrum viride—biologically standardized for hypotensive activity in mammals—a new active principle now available for the treatment of all forms of hypertension

IN HYPERTENSION....

a new and more efficacious approach

VERILOID

The isolated, purified active ester alkaloids of Veratrum viride, biologically standardized for hypotensive activity in mammals

● **AN ENTIRELY NEW DRUG.** Veriloid makes available for the first time the hypotensive ester alkaloids of Veratrum viride obtained by an exclusive extraction process which separates these active principles from inert material and less desirable alkaloids. The finished product represents, on a weight basis, less than one-tenth of one per cent of the crude drug from which it is derived.

● **A DEPENDABLE HYPOTENSIVE PRINCIPLE.** The hypotensive activity of Veriloid is predictable and dependable. The drug exerts a selective relaxing action on the smaller blood vessels, leading to their dilatation, hence to a drop in blood pressure.

● **UNIFORM POTENCY.** Biologic standardization of the purified extract in dogs, *using depression of the blood pressure as the end point*, insures absolute constancy of pharmacologic activity.

● **PROMPT, SUSTAINED CLINICAL EFFECT.** While individualization of dosage is essential for maximum therapeutic benefit, in the majority of patients the average dose of Veriloid—2.0 mg. to 5.0 mg. three or four times daily after meals and at bedtime—produces a sustained lowering of the arterial tension. The degree of drop usually results in marked subjective improvement. Veriloid is indicated in all forms of hypertension.

Veriloid is available on prescription through all pharmacies in slow dissolving tablets containing 1.0 mg., in bottles of 100 and 200.

AN ORIGINAL RESEARCH CONTRIBUTION OF **RIKER LABORATORIES, INC.**

8480 BEVERLY BLVD., LOS ANGELES 54, CAL.

have kept our student body from having any part in it.

G. Lombard Kelly, M.D.
Dean, School of Medicine
University of Georgia
Augusta, Ga.

Color TV

At the start of our sponsorship of color TV programs at medical meetings, we urged that the programs be made up of half surgery and half medicine. However, physicians questioned at the last AMA Clinical Session voted overwhelmingly in favor of more TV clinical presentations.

To the question, "Should there be more surgical presentations?" 159 answered no; 121, yes.

To the question, "Should there be more clinical material?" 254 said yes; only 44, no.

The reason for this reaction is color TV's ability to bring before large groups of doctors at one time patients and clinical procedures that otherwise could be seen only by a few.

Careful consideration must be given to the type of audience attending the meeting. Naturally, the College of Surgeons saw only surgery; the College of Physicians, only medical clinics. Our AMA program in San Francisco this year featured 27 clinics, only 12 operations.

We conducted a survey this year during the Missouri State Medical Association meeting. Answering the question, "Are you more interested

in seeing the rare or unusual type of operation or in seeing the latest techniques in more common, everyday surgery?" 91 per cent of the physicians named the latter.

To the question, "Were these color TV programs a factor in bringing you to this convention?" 71 per cent of the physicians said that color television did influence their attendance.

G. F. Roll
Smith, Kline & French
Philadelphia, Pa.

Rudeness

Detail men have to make a living, but their task isn't made easier by doctors with an exaggerated idea of their own importance.

Take this case: At 4 P.M., a doctor I know entered his office with a patient and a detail man. The doctor took the patient first. By the time the patient was ready to leave, five other patients had arrived. At 8 P.M., only the detail man remained. The doctor then permitted him a two-minute interview.

Another doctor I know seems to have made a hobby of belittling the detail man. First he lets the fellow cool his heels in the waiting room. Then when the doctor is ready to leave, he tells the detail man to come back the next day. This same doctor makes a practice of throwing samples and brochures into the waste basket in the presence of the detail man.

Detail men may have their faults, but they have a job to do. They should be allowed to do it with at least a reasonable show of common courtesy.

Erwin Arnovitz, M.D.
Duquesne, Pa.

Caged

It becomes increasingly apparent that the victim of socialism has much in common with the household canary: He has all Four Freedoms, but is still in a cage. I couldn't resist putting this into verse:

I worship God and pour my song
Upon His praise, the whole day long.
There's none to tell me what to trill,
I run my cadences at will.
For food I never have to search,
No danger haunts my eerie perch.
Secure in this my gilded cage,
The full Four Freedoms I engage.
But ah! my friends, and oh! my friends,
With just these four, my freedom ends.
The God that gave me right to sing
Gave me as well the gift of wing.
Open my cage door—watch me fly!
Up to my own belonging sky.
What can the Freedoms mean to me
Unless I have my liberty?

Ivor Griffith
Philadelphia, Pa.

Relieves gastric hyperacidity . . . 4 antacids combined to provide continuing relief in progressive stages:

Calcium Carbonate for immediate relief
Magnesium Oxide for intermediate relief
Magnesium Trisilicate for sustained relief
Aluminum Hydroxide for astringent and healing action

Quiets gastro-intestinal spasm with normalizing belladonna, antispasmodic phenobarbital, soothing benzocaine.

W-T Powder in 6 av. ounce jar

Pharmaceuticals

THE WARREN-TEED PRODUCTS CO.
COLUMBUS 8, OHIO

Sidelights

Tax Crackdown

Mock-alarmist banter about Uncle Sam's campaign against income tax evaders crops up periodically in medical circles. And that's okay by the Bureau of Internal Revenue. For the bureau counts on such talk to help publicize its year-round investigations.

But after a heavy dose of conflicting rumors, you may begin to wonder how much is fact, how much fancy. To get the answers, this magazine checked with Treasury officials in charge of tax investigations. The facts appear to be these:

No dragnet has been cast over any one occupational group. But a stepped-up drive against all income tax evaders—the negligent as well as the dishonest—is in full swing. Since professional men derive their incomes from a multitude of sources, their returns are thought to be especially in need of "verification."

Already, some professional men have been forced to make up tax delinquencies ranging well over half a million dollars; some have been indicted; some have been jailed.

These "horrible examples" are few in number. But because of them, the physician's business affairs stand a better chance this season of being peered at and pried into than ever before.

Social Work

What's the most valuable public service a medical society can provide?

Maybe your vote goes to the night-call bureau. Or perhaps to the grievance committee. But here's news:

A project worth keeping your eye on is the physician-sponsored social service consultant. Working in behalf of the local medical society, she steps into the picture whenever ability to pay is an issue. She helps patients of modest means straighten out their budgets. She guides them to private medical care, at fees they can afford.

What's more, she does all this without compromising the doctors' interests. As Dr. Eric Reynolds, president of the Alameda County Medical Association, points out, "Social service work on individual cases protects the doctor from abuse of his willingness to provide reduced-fee services."

We predict this idea will win

new friends for many an urban medical society. You'll find some of the reasons why on page 78, this issue.

Preventive Push

Probably no other good idea has fizzled more often than the preventive medical examination. Despite its growing importance to patients, despite the interest of many doctors, the idea just hasn't caught on.

Why?

The best answer to date stems from the Committee on Medicine and the Changing Order, a study group set up by the New York Academy of Medicine. Most people, it says, have never known enough about the *value* of the preventive exam to feel like paying for one. Besides, the committee adds, "the medical profession has never seriously accepted or developed the *technique* of the health examination."

In a few places today, alert G.P.'s are putting these findings to work. They are combating their patients' apathy with a discreet brand of salesmanship. They are wrapping the newest preventive techniques in an appealing, easy-to-pay-for package. And they're getting results.

If more family doctors follow suit, preventive medicine will have been taken down off the reference shelf and put into daily practice. It can be done—with benefit to both patients and practitioners. For proof, see page 54, this issue.

announcing

'ESKEL'

a superior presentation of khellin

a new and promising attack on the problem of anginal pain

'Eskel' is an outstanding new coronary vasodilator . . . with a prolonged therapeutic action.

Exhaustive pharmacological studies have shown that 'Eskel' has a considerably greater coronary dilating activity than aminophyllin in the isolated heart. (Eskel's activity is reported to be at least ***5 times the coronary dilating activity of aminophyllin.***)[1] It has no demonstrable effect on the myocardium; a negligible effect only on blood pressure and pulse rate.

Cardiologists have demonstrated that 'Eskel' gives marked relief to a high percentage of angina pectoris patients[2,3] . . . and is of considerable value in chronic bronchial asthma.[4]

'Eskel' is packaged in bottles of 50 tablets. Each tablet contains a mixture of active principles, chiefly khellin, extracted from the plant Ammi visnaga, equivalent to 40 mg. of crystalline khellin.

Smith, Kline & French Laboratories, Philadelphia

1. Killam, K.R., and Fellows, E.J.: Federation Proc. 9:291 (March) 1950.
2. Rosenman, R.H., et al.: J.A.M.A. 143:160 (May 13) 1950.
3. Ueber, H.L., and Katz, K.H.: Boston M. Quart. 1:11 (March) 1950.
4. Konawy, M.R., et al.: Eye, Ear, Nose & Throat Monthly 29:79 (Feb.) 1950.

SAFE, *Salt Substitute*

GUSTAMATE

PATENT APPLIED FOR

BRAND OF GLUTACINATE

GUSTAMATE*—a unique, *nonmineral* seasoning agent—is safe for routine use in low-sodium diets. Its principal component is monoammonium glutamate, with balanced proportions of the amino acids, glycine and glutamic acid, established as harmless even when taken in quantities far in excess of the amounts provided in the average daily intake of GUSTAMATE.

Monoammonium glutamate is similar in flavoring effect to monosodium glutamate, long used in hotel and restaurant cuisines to bring out the natural flavors of foods. GUSTAMATE, however, contains *no sodium.*

Complete literature on request.

Features of GUSTAMATE

Ensures Safety

• Free from sodium • No other metallic ions • No disturbance of mineral balance • Contains substances normally participating in metabolic processes • Can be used safely over long periods.

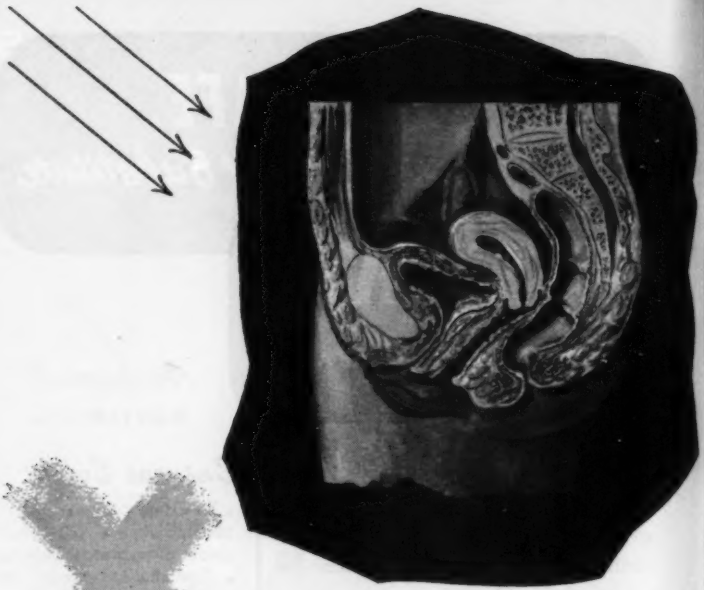
Increases Palatability

• Brings out the natural flavors of foods • Enhances effect of other seasonings • Often suppresses undesirable taste features • Prolongs agreeable taste sensations.

SUPPLIED: As white, crystalline granules in salt-shaker-type dispensers containing 1 ounce. Available at leading pharmacies.

*The word GUSTAMATE is a trademark of The Arlington Chemical Company.

Arlington **THE ARLINGTON CHEMICAL COMPANY** YONKERS 1, NEW YORK



Check Menstrual Flooding

Considerable irregularity in flow may mark the onset of menstruation at puberty. Menorrhagia, with or without dysmenorrhea, may be most troublesome. In these cases, the excessive bleeding is usually purely functional in character—an organic lesion may be conspicuously absent. This excessive functional bleeding may occur later in life, too.

Anti-Menorrhagic Factor Armour

has proven effective in checking such functional hemorrhage—and appears to be quite free from side effects. Best time to start therapy is about two weeks prior to expected onset of menstruation.

Available in soft gelatin capsules (glanules) in boxes of 25, 50 and 100.

Dosage:

Two or three glanules three times daily. For very severe cases patient may be confined to bed during bleeding and dosage upped as high as 8 glanules t.i.d.

Have confidence in the preparation you prescribe—specify "Armour"

ARMOUR *Laboratories*

HEADQUARTERS FOR MEDICINALS OF ANIMAL ORIGIN • CHICAGO 9, ILLINOIS

Molybdenized Iron . . .
The Most Effective
Iron Therapy
Known . . .

White's Mol-iron®

NOW ALSO with LIVER AND VITAMINS (including B_{12})

For iron-deficiency anemias associated with excessive drain on nutritional reserves—e.g., in chronic infection, malignancy, prolonged anorexia, postsurgical and other convalescent states.

Mol-Iron with Liver and Vitamins provides, in each capsule:

Mol-Iron	198 mg.
Desiccated Whole Liver (equivalent to 1.8 Gm. whole liver—minus water content only—not a fraction or an extract)	0.45 Gm.
Thiamine hydrochloride	1 mg.
Riboflavin	1 mg.
Vitamin B_{12}	1 μg.
Nicotinamide	5 mg.
Pyridoxine hydrochloride	0.5 mg.
Calcium pantothenate	1 mg.

Supplied in bottles of 100 capsules. Average dose 1 to 2 capsules three times daily after meals.

WHITE LABORATORIES, Inc., Pharmaceutical Manufacturers, Newark 7, N. J.

..but what's best for me in x-ray?

"What's best for me in x-ray? What kind, how much?" The right answer to this question is important... you'll have to live with it... work with it... depend on it. You'd like to keep your x-ray outlay at a minimum: still want to be sure that the equipment you buy can do all the things you'll need to do, now and later.

In short, you're at the point where it would be prudent to call for experienced counsel . . . and your local Picker representative is the man who can offer it to you. He's analyzed and solved dozens of problems like yours. He's primed to *serve* you, not pressured to *sell* you. In your own best interest call in your local Picker man before you come to *any* decision on *any* x-ray apparatus: then judge for yourself.
Picker X-Ray Corporation, 300 Fourth Avenue, New York 10.
(Branches and Service Depots in principal cities)

x ray

all you expect . . and more

Fluoroscope | the "Meteor" | the "Century" | the "1225" | the "Constellation"

these are some of the x-ray units in the wide Picker line

Editorial

Trial by Depression

● Last year our profession suffered a slight touch of the economic misery. A 10-per-cent slump in the nation's business was reflected in fewer patients, slower collections, reduced income.

This year things have bounced back almost to normal. But before the 1949 let-down slips your mind, consider an ominous question left in its wake:

Is private medicine in shape to survive a major depression?

Maybe you haven't thought much about how things have changed since the early 1930's. Then, individual physicians bore the brunt. In one depression year, the average medical man collected only two-thirds of what his patients owed him; his net income averaged $3,792. But private medicine emerged unscathed.

What about next time?

Any new depression, it seems clear, may cut much deeper. Voluntary health insurance, a post-1935 baby, has yet to be put to the crash test. Compulsory health insurance, first broached in Congress in 1939, has yet to enjoy the surge of public favor a business bust would bring.

Says a leading Blue Shield physician: "My guess is that another depression would bring new enrollment in voluntary plans to a virtual halt. We might lose 20 per cent of our present subscribers. Some of the weaker plans might fold."

Says a leading backer of the Murray-Dingell bill: "Our time will come when business hits the skids. The early days of FDR's administration show how quickly Government can step into the breach when people want it to."

Almost certainly, the next depression will be a make-or-break test for medicine as we know it. What can we do to get ready?

In our opinion, we can do plenty. Here are five common-sense ways to fortify our present system of medical care. All five, we think, have received too little attention to date.

1. Strengthen the staying power of Blue Shield and Blue Cross. It's no secret that many a plan has been getting by on slim reserves. To bolster the weaker plans, a joint "trouble fund" of $25 million has been suggested. Some such safeguard is urgently needed before depression comes.

2. Sell present subscribers on the

value of what they have. Until quite recently, nearly all Blue Shield-Blue Cross promotion was aimed at new prospects. People already covered were ignored. Result: Cancellation rates soared. Many plans lost two old subscribers for every three new ones signed up. To check this trend, a re-angled sales effort by physicians and prepay planners is a must.

3. Fill the gaps in medical care insurance. Some of the gaps are geographic. In three states, for example, no physician-sponsored plan exists. In dozens of other counties, there's the same lack. While working to reach such trouble spots, let's not overlook the gaps in Blue Shield benefits. Catastrophic coverage, in particular, needs pre-depression stress.

4. Fill the gaps in our public service programs. Where doctors have proved they're out fighting for the *patients'* interests, private medicine has the best chance for survival. The most convincing kinds of proof: grievance committees, night-call bureaus, malpractice prevention plans, information services, and such.

5. Set up a sound medical system for people who can't afford private fees. In some areas, such patients are cared for promptly and without stigma. Elsewhere the system is makeshift, haphazard, unlikely to stand up under a depression case-load. How's the set-up in *your* county?

It's easy to forget about bad times when the going is good. But remember:

The down-swing usually catches people by surprise. If we want to make private medicine depression-proof, we'd better take these five precautions today.

—H. SHERIDAN BAKETEL, M.D.

Fee Schedule

● An Indiana physician while trying to solve a plumbing crisis at home was interrupted by a phone call from a neighbor. Could the doctor come right over to see the neighbor's sick son? The M.D. explained that the caller had caught him with his pipes down.

"Well, I'm a plumber," the other fellow said. "You come on over and fix the boy, and I'll go to your place and fix the plumbing."

The deal was closed and worked out fine—till the end of the month. The doctor's bill was $5, the plumber's $7. —RAY E. SMITH

The Real Issues in Prepay Medicine

If voluntary health plans are to keep growing, these knots need unraveling

● Half the American people do not yet carry any form of health insurance. About 75 million persons are not covered for hospital bills. More than 100 million are not insured against medical-surgical costs.

Most of us would rather put these facts the other way around. After all, a jug that's half-empty is also half-full.

But prepay medicine has reached the point where previously outdistanced problems begin to catch up. That these problems can be solved, few medical leaders doubt. But to solve them—to prove beyond question that voluntary plans can meet the people's needs—will take:

¶ Frank recognition of existing weaknesses.

¶ Prompt action to correct these flaws.

¶ Enlightened support by local medical men.

Not that the voluntary plans are in bad shape. Far from it. Blue Cross, for example, now boasts 38 million subscribers. Blue Shield has signed up 16 million. Business is booming for commercial, cooperative, and labor union plans, too.

But on every hand, voluntary-plan performance is being weighed against Murray-Dingell promises. That's why prepay leaders are pushing hard on these ten problems:

1. How to speed up new enrollment?
2. How to keep present subscribers sold?
3. How to wipe out enrollment restrictions?
4. How to provide broader benefits?
5. How to bolster the full-service principle?
6. How to make income limits more realistic?
7. How to guard against abuses —by both patients and doctors?
8. How to add more laymen to governing boards?
9. How to spur interplan cooperation?
10. How to erect depression safeguards?

All of which adds up to a hefty challenge for private medicine. What follows is the gist of each problem, plus a capsuled commentary on what's being done about it.

1. How to speed up new enroll-

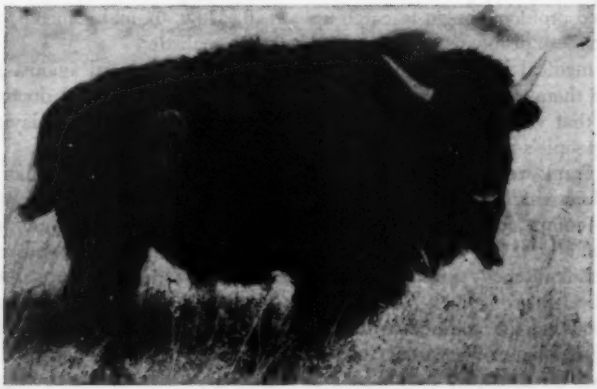
ment? By 1960, at present growth rates, Blue Cross will have 66 million subscribers; Blue Shield will have 54 million. Many an insider thinks this prospect is not good enough. Dr. Paul Hawley, for one, believes we'll have to shoot for at least 80 million.

That goal is not out of reach. Blue Cross and Blue Shield are now exploring an area where dramatic gains are possible: the area of

"How was I to know it was a pre-existing condition?"

Blue Shield Zoo

● Take a few zany animal pictures, add captions that reflect the human element in prepay medicine, and you have "Entre Gnu." That's the title of a deft little brochure put out recently by the Blue Shield and Blue Cross Commissions. In the six kinds of fauna illustrated here, you may see faint traces of people you know.

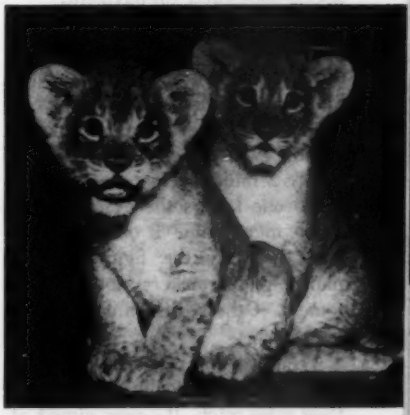


"As soon as I showed him my Blue Shield card he charged me double."

"large national accounts." Some 11,000 business firms and labor unions fall in this category.

Straw in the wind: Nearly a million steelworkers were recently enrolled in Blue Cross. This coup grew out of the union-management agreement ending the steel strike. More mass enrollments may come through the national insurance agencies now being set up by Blue Cross and Blue Shield. [*Turn page*]

Non-participating physician.



"Daddy says it was Blue Cross that brought us and NOT the stork."

Unlisted dependent.

"Another dues increase? What the hell did ya do with the last one?"

Other likely targets beckon the doctors' plans. These targets include the 22 million people who have signed up with Blue Cross but *not* with Blue Shield; the 10 or 12 million in counties not yet reached by doctor-sponsored prepayment.

2. How to keep present subscribers sold? This problem, ignored during the plans' early growth, has hit some of them hard. Last year Blue Cross reported more than 5 million cancellations; Blue Shield, nearly 2 million. How come?

No one knows the exact reason. Some men blame it on bookkeeping; they say the figures reflect plan-to-plan transfers, not lost customers. Others discount this explanation.

Whatever the reason, the prepay planners are radically overhauling their sales pitch. It's now aimed at old customers as well as at new. Blue Cross and Blue Shield are backing up this campaign with envelope stuffers, bulletin-board posters, network radio plugs. Another approach toward stabilized enrollment lies in word-of-mouth promotion by individual medical men.

3. How to wipe out enrollment restrictions? Many people want health insurance but can't get it because their local plans limit enrollment to employed groups. This shuts out farmers, small businessmen, professional people, self-employed workers, and such. Today, having outgrown such safeguards, most Blue Cross and Blue Shield plans are in the process of setting them aside. Seventy hospital plans (out of ninety) and forty-four medical plans (out of sixty-nine) have already done so.

Says Clem Whitaker of the AMA: "Even if individual coverage has to be sold at materially higher rates for the time being, it *must* be made available in all states at the earliest possible time."

4. How to provide broader benefits? Frank E. Smith, national director of Blue Shield, points out that "the day is past when a single type of [membership] certificate will fill the needs of a complex market." Different kinds of people want different kinds of benefits. Gradually, the plans are extending the scope and variety of their offerings.

A prize package is the catastrophic-coverage policy put out by California Physicians' Service. For a small extra premium ($.70-$1.95 a month), subscribers can get two-year protection against the costs of cancer, TB, polio, and similar budget-bursting ills. Every other Blue Shield plan will soon be getting monthly reports on this innovation. By the year's end, several hope to follow the CPS lead.

5. How to bolster the full-service principle? Many a low-bracket wage-earner doesn't like the idea of cash-indemnity benefits—where the amount the physician gets from the plan may or may not cover his full fee. If it doesn't, the patient has to make up the difference. Yet about one-third of all Blue Shield plans still operate wholly on this

basis. In the eyes of many critics, this is a major weakness.

Today most of these plans are switching to full- or part-service contracts. Subscribers whose incomes are below a specified figure will then be fully protected for services provided under the plan. This change-over is widely regarded as a must—particularly if Blue Shield is to compete for big union contracts.

6. How to make income limits more realistic? At least six medical plans have ruled single subscribers ineligible for full-service benefits if they make more than $1,500 a year. Family income limits of $2,000 are even more widely enforced. This means that many a $40-a-week worker, no matter how faithfully he pays his premiums, still has to hand over an extra fee to his doctor.

Belatedly, these ceilings are being geared to the 1950 dollar. In Michigan, Montana, New Jersey, Nevada, North Dakota, Kansas City, and Idaho Falls, family income limits of $5,000 have been approved. Subscribers who earn less pay no surcharges to doctors.

7. How to guard against abuses —by both patients and doctors? When a person gets health insurance benefits, he sometimes tries to get all he can. He may, for example, ask for "just one more day in the hospital" when it's not really necessary. Multiply such requests by a thousand and you see why, if granted, they can dent the reserves of almost any plan. [*Cont. on* 168]

"I hate to say this, but Poindexter's trouble is an aggravated cigarette cough."

HEALTH

● You've probably never heard of Harrison Fisk. But you're bound to hear more of the work he's doing. Before long, in fact, you may be doing it yourself.

By all the outward signs, Dr. Fisk is just a successful G.P. He has a substantial home-office in the fashionable part of a large Eastern city. He has a fourteen-carat reputation among his colleagues, a $20,000-net medical practice, and fifty lines in "Who's Who." But when you look closer, you discover that this thriving 70-year-old has not made his mark in any ordinary way.

Harrison Fisk practices what many call the "medicine of tomorrow." For patients in the forty-plus age bracket, he serves up a neatly-packaged preventive care plan. Any other G.P. could do the same. The point is, few have.

More may soon be obliged to. "Faced with an aging population," said a noted geriatrician not long ago, "we doctors will have to practice more age-fighting techniques. Some day, the physician who treats only disease is going to be out of a job."

What Patients Want

Surprisingly, the public is well aware of this trend. Last year, when the Reader's Digest published an article on the subject ("How to Add Years to Your Life"), many a medical society was peppered with inquiries. People wanted the names of local G.P.'s who could give them preventive geriatric guidance.

"Yet in our community," says one executive secretary, "there wasn't a single doctor we could recommend. All of them were too wrapped up in treating patients already ill."

Dr. Fisk is perhaps typical of the few practitioners who have catered to this growing demand. "People not only want years added to their lives," he is fond of saying; "they also want life added to their years." For two decades, he has been quietly revamping his practice so that it meets these wants.

You get a revealing glimpse of his techniques by examining them through the eyes of a patient. Consider the case of Paul Bender, an advertising executive in the city where Dr. Fisk practices.

A year ago, the Benders were dining out with Jim Michaelson and his wife. It was Paul Bender's fiftieth birthday.

"You know," he confided between martinis, "a new decade always looks grim; but somehow this one seems the grimmest. All of a sudden, I feel like an old man. How do you stand it, Jim?"

for the Forty-Plus

How one G.P. has made a notable success of preventive care for the middle-aged

"You get used to it," said the other with a smile. "Matter of fact, when *I* turned 50, the first thing I did was get myself a complete medical check-up. Ran across a doctor who specialized in preventive care, and he really whipped me into shape. Keeps me that way, too."

"Maybe that's what Paul needs," Helen Bender chimed in. "For a man who's never been sick a day in his life, he can be the most tired-out old shoe you ever saw."

"And after I gave you the best years of my life," said Paul reprovingly. "What's the name of your doctor, Jim?"

"Fisk. Has an office on State Street. He's not exactly a specialist, but he gives you the most thorough work-up I've ever heard of. Most doctors won't take the time."

"What's he do it for—your life savings?"

"Well, it's not cheap. On the other hand, once you pay the initial cost, the rest is easy. I'm convinced I got my money's worth."

That planted the idea. Six months later, spurred by a New Year's resolution, Paul Bender followed it up. He called Dr. Fisk's office, arranged

This eighteen-page health dossier serves as the patient's guide to a riper old age. Recorded here, mostly in check-list form, are such things as personal history, physical findings, diet prescriptions, recommended exercises, a monthly progress report.

an appointment for January 25, 1950.

Before the doctor went to work, Paul found *he* had a job to do. In the mail came a six-page "Personal Health Record." "This is just a frank impression of myself," said a printed heading, "submitted for what it may be worth to my health consultant." The form was exhaustive and entertaining—more so than most forms Paul had filled out. For example:

"My health is excellent—good most of the time—only fair—rather poor—quite bad—if it wasn't for . . . I would be fine." (Paul underlined "good most of the time," inserted "shortness of breath, occasional loginess.")

"There are some things that I enjoy doing and that I do very well, particularly . . . " (Paul wrote in "bridge, piano, cross-word puzzles.")

"On the other hand, I am not good at . . . " (Paul inserted "most outdoor sports.")

"I have some habits that people might call bad. For instance, I smoke . . . cigars . . . cigarettes . . . pipes a day. I don't think it hurts me at all, but frankly it makes me nervous—irritates my throat—injures my digestion—keeps me awake nights." (Paul entered that he smoked twenty cigarettes a day, underlined "irritates my throat," added a question mark.)

Health Diary

Appended was a three-day record he had to fill out. It covered diet, work, rest, recreation, medicines, personal habits, and such. "By the time I get to see Dr. Fisk," Paul told his wife, "I'll have done enough form-filling to rate an assistant's fee."

On the appointed day, Paul Bender strode into the Fisk office promptly at 3. Dr. Fisk, he discovered, was erect, ruddy, and vigorous—a living testimonial to his own health plan. "Before you go to work on me," Paul said, "tell me something about what you do. And about the cost."

"Well," Dr. Fisk said slowly, "you might call it an anti-aging service. The idea is not only to look for signs of *ill health* but to find ways of keeping you in *good health.*

"First, you get a complete diagnostic survey—a careful going-over that takes about two hours. It in-

cludes laboratory tests, X-rays, and so on. The aim is to examine each organ, each body part, for impaired function or possible future trouble.

"Then, a few days later, we get together again and see what the evidence indicates. If any disorders have been found, we make plans for correcting them. Equally important, we map out a detailed personal program that will yield the highest possible degree of good health. *Medical coaching* is what I call this phase; it deals with diet, medicine, vitamins, endocrines, exercise, personal habits, and the like.

"Next, you give this program a trial run. We see how it agrees with you. We make any rechecks or adjustments that seem called for. What you end up with is a tested personal health plan for the next year or so.

"Now, you asked about cost. It depends, of course, on the needs of the individual. I'd say it averages about $100 for the whole process —which includes the diagnostic survey, the personal health program, and my consultation services while the plan is being carried out."

"Dr. Fisk," said Paul Bender, "meet your new candidate. When do we start?"

"Right now."

During the next ninety minutes, Paul discovered that modern preventive geriatrics is pretty much old-fashioned thoroughness. Methodically and without haste, Dr. Fisk looked, felt, scoped, probed, and

[*Continued on page* 160]

Story of a DP Doctor

• *Time:* A pitch black night in November 1938, soon after Hitler's troops had occupied Austria. *Place:* The Swiss border. *Action:* A young Viennese doctor running frantically through the darkness to escape a border patrol, then ending up head-first in a farmer's manure pile.

Dr. Max Thaler, 41, smiles about it now. "That blind dive into a dung heap was really a stroke of luck. It threw the hounds off my scent, and I came up wearing freedom like a nosegay (though I'll admit I didn't recognize it by the smell)."

The Gestapo had given Dr. Thaler and his wife forty-eight hours to get out of Austria—or else. The night of their escape was shrouded in fog, and they got separated. Finally both stumbled into the Alpine village of St. Gallen, attracted by its tolling church bells. The Swiss decided to let them stay, and the doctor settled down to practice in St. Gallen and at nearby refugee camps.

But his goal from the start had been America. Ten years and many visa applications later, he made it.

America was to let him stay, too, and to give him a home, a practice, and a soil where he and his family could put down permanent roots. For up near the U.S.-Canadian line was the town of Parishville, N.Y., whose 350 inhabitants and 750 surrounding farm people had been without adequate medical service since 1946, when their last doctor died.

In December 1949 the town fathers contacted the National Committee for Resettlement of Foreign Physicians, sent village pastor Francis Rockwell to Manhattan to interview prospects. The first and only one he saw was Dr. Thaler, fresh from a year's interneship at Flushing (N.Y.) Hospital and with his state boards just under his belt.

A town-meets-doctor romance bloomed fast. On Parishville's invitation, prompted by Rockwell's glowing report, the Thalers paid the village a visit, met most of its citizenry at a jampacked church supper. Dr. and Mrs. Thaler and family (two daughters, 4 and 6)

A modern medical odyssey with a happy ending—physician and small town both doing nicely

The doctor lays in a supply of staples at Parishville's Kirk & Tucker General Store. Proprietor Ernest Tucker, a Thaler patient, says, "Folks hereabouts like how he always tends to business. They say his medicine works better than other doctors'."

Pastor Francis Rockwell, left, of the Union Federated Church (Methodist-Congregational), lives near the Thalers, often drops in for a game of chess. "He usually wins," says the doctor.

moved in two months later.

They found an old-fashioned, but spic-and-span, nine-room frame house waiting for them. The townspeople had formed a corporation to buy the place, anted up $5,000 for stock in it. Housewives scrubbed, painted, and hung curtains; their husbands made alterations and repairs. Others loaned furniture until the Thalers could buy their own. A fully-stocked refrigerator was the gift of local fraternal groups.

Dr. Thaler licked his equipment problem through a loan from the physicians' resettlement committee. It advanced him enough for office furniture, an examining table, heat lamps, and a diathermy machine. Also a car, for which he hired a driver-instructor the first six weeks.

The doctor's office hours are 2 to 4 in the afternoon and 6 to 8 in the evening. He makes house calls between times, in the mornings visits Potsdam (N.Y.) Hospital, eleven miles distant, where he has courtesy privileges.

He works a five-day week, sees from ten to fifteen patients daily. He gets $2.50 for an office visit, $3.50 for a house call, and in his first month of practice just broke even. Doing better now, he hopes to buy an X-ray machine before long and to pay off his equipment debt in two or three years.

Though he put in three years as

Thalers pay $45 a month for nine-room house, like it fine except for wood furnace. Mrs. Thaler, tending it, once pulled log pile down on her head. Kids were born in Switzerland.

a psychiatric resident in Austria following his graduation from the University of Vienna, Max Thaler prefers general practice for its variety. He had the foresight to ship his medical credentials to his wife's parents here before the war. The language problem he solved while sweating out a visa, by listening to Voice of America broadcasts.

Dr. Thaler took to Parishville because it reminded him of St. Gallen. "My advice to other foreign physicians is to stay away from the big cities," he says.

His home-office is about two minutes' walk from the village center with its town hall, school, barber shop, diner, gas stations, and stores. It's a quiet community, but there's quite enough doing for the doctor's simple tastes: a game of chess now and then with the pastor, an occasional movie in Potsdam, a sociable dish of doughnuts and hot maple syrup with the neighbors.

Parishville folks speak well of the dark, frail little M.D. Says Pastor Rockwell, "I have yet to hear an unfavorable comment." And,

from the school principal's wife: "He's more thorough than most physicians and has a fine way with children."

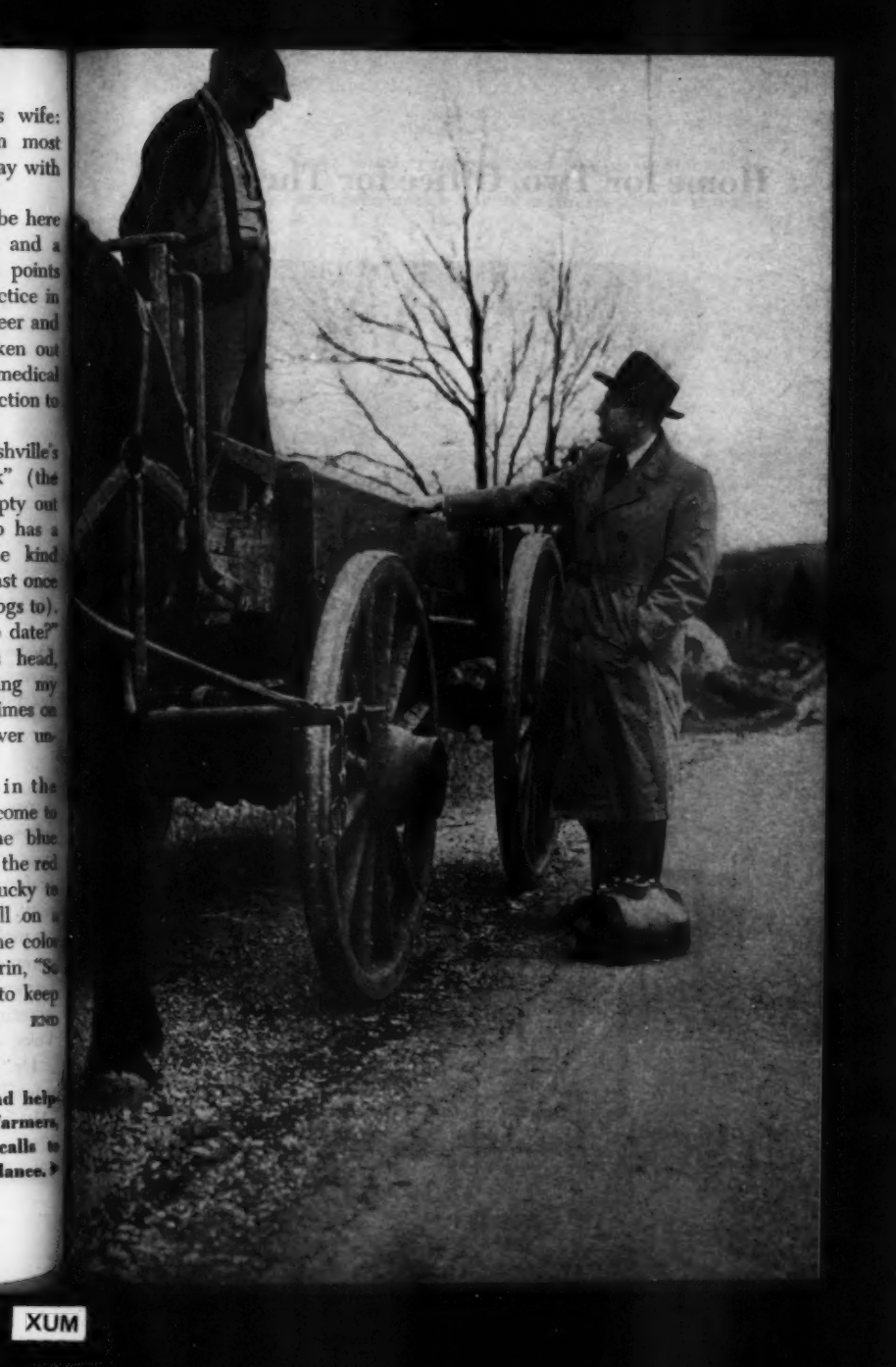
Though he's thankful to be here ("I have friends, a home, and a feeling of usefulness") he points out that starting a new practice in a strange land is never all beer and Strauss waltzes. He has taken out first papers, but his county medical society had to take special action to admit him.

His home is among Parishville's best, boasting a "wet sink" (the kind you don't have to empty out the back door), but it also has a wood-burning furnace (the kind you *do* have to get up at least once of a winter's night to feed logs to).

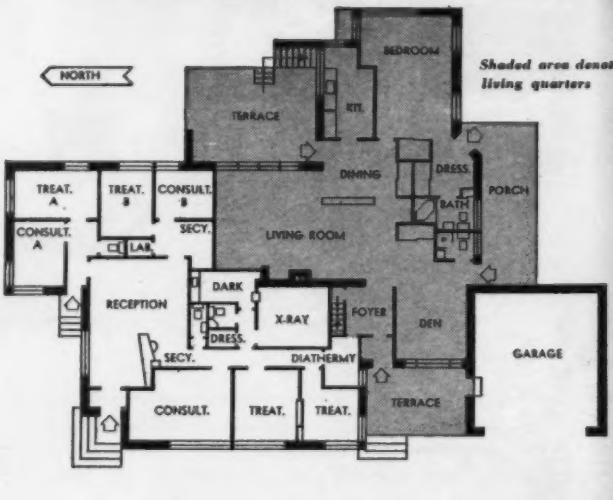
"My toughest problem to date?" Max Thaler scratches his head, then nods quickly. "Finding my way around at night, sometimes on calls fifteen miles away, over unmarked country roads.

"Somebody will phone in the small hours and tell me to come to the white cottage with the blue roof, just over the hill from the red school house. Off I'll go, lucky to make out any houses at all on a moonless night, let alone the color of them." He adds with a grin, "So far, though, I've managed to keep out of dung heaps." END

Hospital staff colleagues have been notably cordial and helpful, says Dr. Thaler. His patients, mostly local dairy farmers, are largely asthma, accident, or heart cases. On calls to the more distant farms he sometimes needs local guidance.



Home for Two, Office for Three



Combined residence and professional suite provides space for two doctors, one dentist

Louis Hatkoff, architect

• How to combine living quarters and professional offices under one roof, yet keep each from encroaching on the other?

Dr. William Benenson of Flushing, N.Y., thinks he has one answer: Let professional offices face in one direction, living quarters in the other.

In his low-slung, ranch-style building pictured here, all office space is on the north and west sides. Internist Benenson occupies the large suite facing the street. He plans to rent the extra consultation and treatment rooms (labeled A and B in the floor plan) to another physician and a dentist. All three will use the centrally-located reception room.

Living quarters are on the south and east sides. They include a terrace and spacious back yard.

Soundproofing between professional and living areas helps isolate the two sections even more. Result: Patients are spared any feeling of intruding into the doctor's home

life; Mrs. Benenson can entertain or do her housework in privacy.

Throughout the building the modern touch is evident. Examples:

¶ A low partition flanked by a red-brick flower box divides the dining area from the living room. Plants indoors are exposed to ultraviolet "sunshine."

¶ A floor-to-ceiling glass wall in the living room gives an unrestricted view of the terrace and garden.

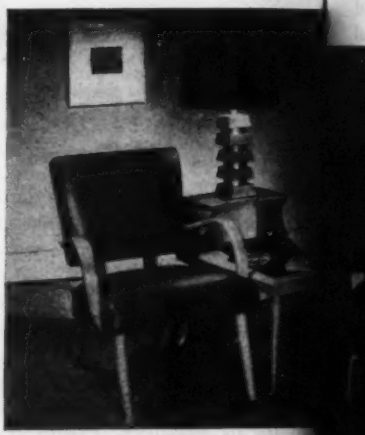
¶ Built-in features include an examination table in Dr. Benenson's smaller treatment room; cabinets, work table, and sinks in the dark room; film pass box between the X-ray room and the dark room; secretary's desk in the reception room; cabinets and bar in the living room. (There's even a built-in doghouse for the doctor's five-month-old canine. Oscar can enter or leave his private lodgings simply by pushing his snout against one of two pivoting doors—one leading to the outside, the other to the bedroom.)

Built at a cost of 93 cents per cubic foot, the building encloses 58,000 cubic feet including the garage and partial basement. About $5,000 was saved in construction by making use of the basement and foundations of an old three-story mansion owned by Dr. Benenson and formerly occupying the plot. An additional saving was the use of oak paneling from the old house's dining room. Bleached down to its natural grain, the wood now adds richness to the doctor's consultation-room walls. END

For Dents in

The Derriere

. . . an Rx



There's no upholstery to wear on these bentwood arms. Plastic seat and back is said not to peel, crack, or scuff. Cost: under $

• Do your waiting patients squirm and grow glum? Would you find, if you inquired, that they're victims of S.S. (sore seat)?

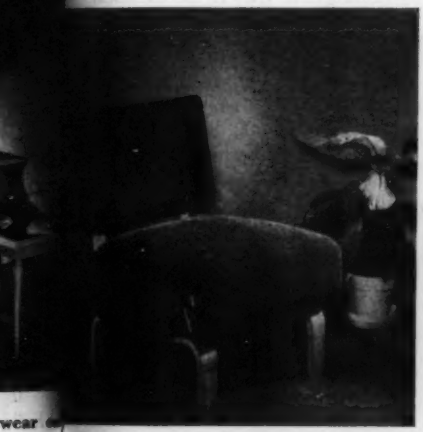
Yes?

Then you'd better give them something easier on the afterparts than those cast-off ladderbacks from the family attic.

Fortunately, you can now get chairs that are kind to both the patient's coccyx and your pocketbook. Recent years have seen the advent of a type of seating that's made to order for medical offices.

We're talking about what's often called the all-purpose or cocktail chair. It's really an occasional chair of anatomically sensible design, with a simple wooden frame, a

Here's the all-purpose chair in its simplest and least expensive form. It's available with either plastic or fabric upholstery. Cost: about $20.



Even grandma's platform rocker has its modern offspring. Here's a model to lull the most irritable patient. Cost in fabric: about $30.

If you insist upon upholstered arms, here's a version of the all-purpose chair that has them. It's covered in durable plastic. Cost: about $30.

spring or padded seat, and a slightly reclining, padded back. Arms, if any, are wood. Coverings are often washable plastic.

These chairs are said to have come into being in the summer of 1947 when the Kroehler Company set them up on its theater-seat assembly line to fill in a bit of slack time between orders. Public acceptance was immediate and phenomenal. Result: scores of manufacturers have since gone into such production.

These chairs have at least six basic virtues:

They're lightweight for easy moving around. Both patients and your office cleaning woman will bless you for them.

They clean easily. Their plastic and wood surfaces can be wiped off with a damp cloth or washed with soap and water.

They wear well. There's no upholstery on the arms to become frayed (a big advantage, for that's where chair coverings disintegrate first). And many of the new plastic coverings used on seats and backs will outwear ordinary fabrics up to twenty times.

They cost little. You can get them without arms for around $15; with arms, for about $30. You'll probably want some of each. At clearance sales, even these low prices are undercut (at one such sale last month we bought a wide, armless chair of this type, covered with Nile green plastic, for $8.95).

They're inexpensive to refurbish. Their construction is so simple that slipcovering or upholstering costs but a fraction of what you'd pay for, say, a full-covered club chair. Refinishing the wooden frames is an infrequent job and an easy one. In fact, you needn't ever redo one of these low-cost chairs at all; for when the time comes, you can afford to simply throw it on the junk heap and buy a new one.

They look good. A blond wood frame with, say, a medium blue Koroseal seat and back makes an engaging bit of furniture in almost any setting. The same is true, for example, of a rubbed black frame and an oyster-white seat and back.

They're versatile. These chairs seem to fit in most everywhere—with either modern or traditional furnishings. If they're of identical pattern, they also go well in close arrangement (two of the armless models, for instance, placed side by side, give the equivalent of a loveseat—and at one-tenth the cost).

They're comfortable. That's the payoff when you're buying inexpensive chairs. Comfort usually costs money. Here you get comfort for not much more than the price of the ordinary, wooden-seated, upright chair.

You can talk all you want about medicine's present-day public relations. But just give the patient a comfortable, good-looking chair to sit in and you'll have done something about your public relations at a spot where it really counts.

THE END

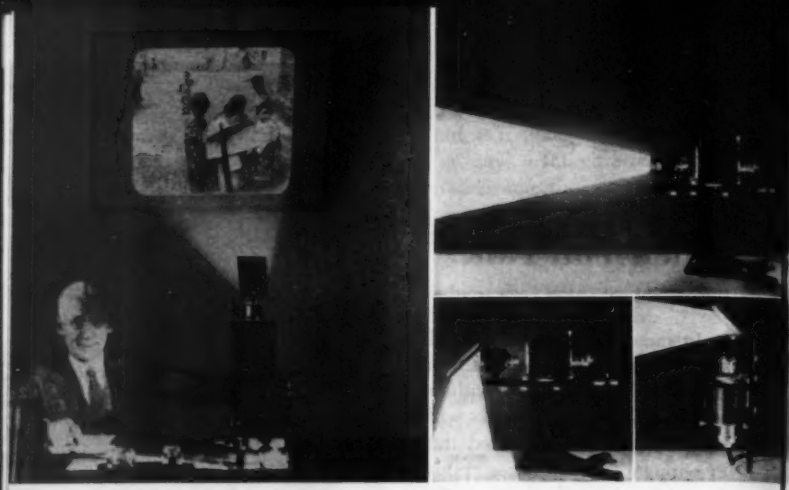
Use Pictures When You Talk

One of the simpler slide projectors to use for 2″ x 2″ color or black-and-white transparencies. Maximum viewing distance is 20 feet. Price: about $60.

• In picture-conscious, TV-titillated 1950, the physician who gives a scientific address without benefit of visual aids speaks with only half a voice. Granted that eye-appeal matches ear-appeal in making any talk a success, the real question is: How can you best illustrate your points?

What aids you use depends largely on what you want to emphasize and partly on the mate-

This projector, for slides up to 3¼″ x 4″, is more versatile than the 2″ x 2″ model. It needs no special screen or darkened room and weighs only 15 pounds in carrying case. Maximum viewing distance is 40 feet. Price: about $80.



Overhead slide projector [▲] provides extra convenience, letting the speaker sit facing his audience. The image is reflected onto the screen above and behind the speaker's head. Maximum range: 20 feet. Price: about $100. You can use triple-purpose micro-projector [▲] for magnifying mounted specimens, as in a biopsy (top), or living specimens in liquid (bottom, right); also, for tracing the reflected image of a microscopic field on a sheet of paper (bottom, left). Maximum range: 20 feet. Price: about $85.

rials on hand. Pictures are helpful, for example, if your talk is to be highly technical. And pictures don't necessarily mean only slides or strip film shown by means of the old standby portable projector. You can go beyond that with such implements as charts, drawings, micro-projectors, "overhead" projectors, and opaque-object projectors. (This article does not embrace motion pictures.)

Rent or Buy?

If you want to project your pictures, first consider whether you'll be talking often enough to warrant an investment in your own equipment. If not, you can always rent what you need. Dealers supply 2" x 2" and 3¼" x 4" slide-and-opaque projectors with ranges up to 75 feet for a few dollars a day plus deposit.

You can buy a portable projector for 2" x 2" or 3¼" x 4" slides for about $50. A good opaque projector for showing objects up to 6" x 6¾" runs about $150. For about the same price, you can get a combination slide-and-opaque machine for projecting somewhat smaller objects. Combinations handling up to 10" x 10" objects cost around $250. Most of these machines weigh less

than 50 pounds and can easily be carried in an automobile.

Microscopic specimens can get into the act, too. A micro-projector will give you a blown-up image five feet in diameter on a screen eight feet away. Small, self-contained micro-projectors cost less than a hundred dollars; larger models, two or three times as much.

Projection Aids

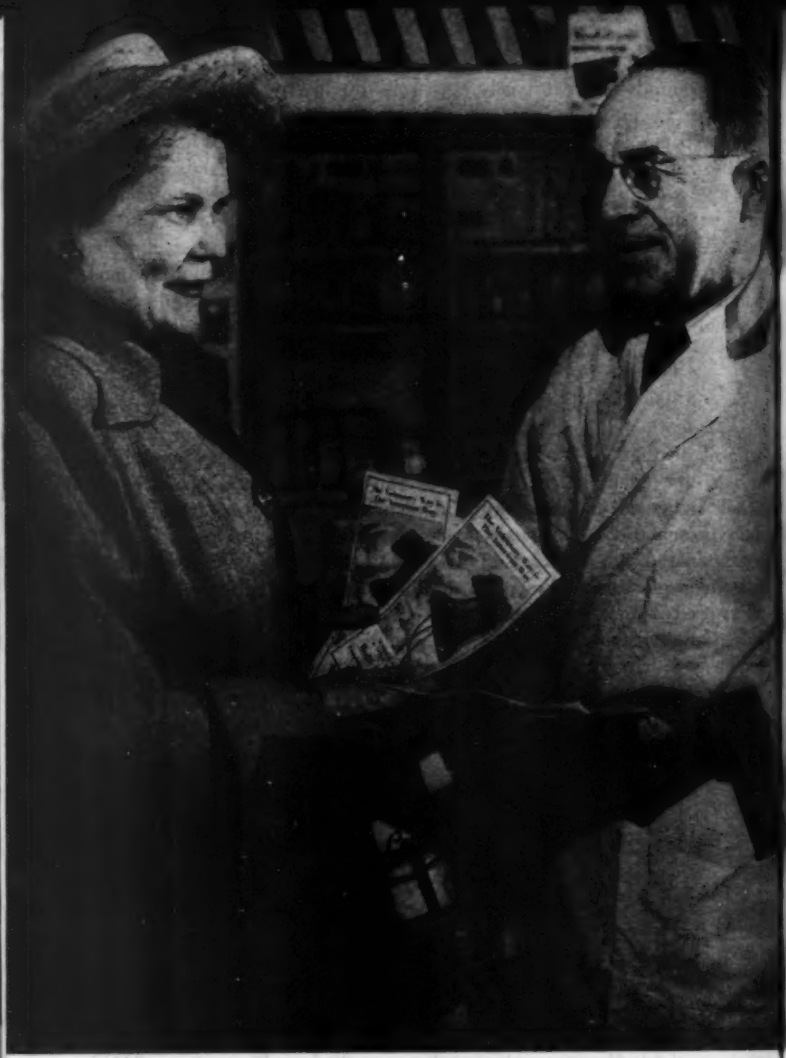
Special devices help the speaker give a smooth showing with a minimum of distraction. It's always annoying, for example, to have to switch lights on and off during a slide presentation. That can now be eliminated. The trick? A highly reflective, glass-beaded screen. It offers a clear image with the lights only partially dimmed. A 30″ x 40″ screen with tripod costs about $10. It weighs under two pounds and rolls up like a window shade for easy carrying.

No light dimming is necessary at all if an "overhead" slide projector is used. The screen is hung behind and above the head of the speaker, permitting him to sit facing his audience while operating the machine. This arrangement offers several advantages:

There is no blank interval between slide changes; the speaker merely places his material on the platform before him and it is projected onto the viewing screen. Thus he does not block the view when pointing to something being shown; instead, from his seat, he can point with a pencil to the original material, probably with more facility and dispatch than if he were standing. He can even make and project rough original drawings

[*Continued on page* 147]

Opaque objects up to 6″ x 6⅜″ can be shown effectively with this type of projector [▲]. Maximum viewing distance: 30 feet. Dimensions: 24¼″ x 8″ x 19½″. Price: about $150. Combination slide-opaque projector [▲] is for exhibiting pictures and specimens up to 6¼″ x 6¼″ and slides up to 3¼″ x 4″. It can also be adapted to use 35 mm. strip film. Maximum viewing distance: 30 feet. Dimensions: 35″ x 10″ x 22½″. Price: about $200.



Mrs. Samuel Plice, auxiliary member, of Oak Park, Ill., asks her grocer to put "The Voluntary Way Is the American Way" with customers' orders. Right: Mrs. David Allman, WAAMA president. Far right: Mrs. Paul Craig, public relations chairman.

Doctors' Wives Pitch In

Women's auxiliary members apply feminine ingenuity to their AMA campaign duties

• When members of the Women's Auxiliary to the American Medical Association (WAAMA) first joined in the campaign against compulsory sickness insurance, a midwestern medical editor likened their effort to "a barrage of powder puffs."

Such skeptics have been forced to backtrack. They now admit that the feminine approach gets results too.

In such tasks as leaflet distribution, for example, the women are at their persuasive best. Stuffing their handbags with campaign literature, they deposit it in New Hampshire beauty parlors, at county fairs in Arkansas, beside luncheon plates in Oregon. Driving home from a two-day WAAMA meeting in Chicago, one zealous auxiliary member left circulars at every filling-station stop across six states.

Some, like Mrs. Robert Breakey of Lansing, Mich., mail leaflets with their greeting cards, with personal letters—even with formal dinner invitations. The members of a Minnesota auxiliary arranged to have 12,000 pamphlets distributed with school report cards.

In other areas, through the cooperation of local business men, literature gets tucked in with grocery deliveries, laundry, C.O.D. packages, and electric bills. Some

of these inserts are written by local auxiliaries and slanted for local appeal.

By Word of Mouth

Doctors' wives in many communities are getting an even bigger kick out of telling people about medicine's viewpoint. And they don't overlook any prospects. In North Dakota, for example, each auxiliary member personally contacts and talks to fifteen laymen in her neighborhood.

Says Mrs. J. S. Huebner of Fond du Lac, Wisc.: "It's contagious. A year and a half ago, people didn't seem interested. Now I study the literature myself, then tell them about the things I've read. Before long, they're asking questions—and reading too."

But the auxiliary members don't concentrate only on individuals. They aim at—and often bring down—big game. A prime specimen: the anti-socialized medicine resolution passed by the national convention of the General Federation of Women's Clubs. This organization represents some five million of the distaff population.

Success in bagging such game is due in large part to the personal approach used. When inviting members of local organizations to hear

"What have you got for a headache if the pain persists or is unusually severe?"

a visiting medical speaker, for instance, doctors' wives in Tucson, Ariz., wrote all 165 invitations by hand.

This same zeal is reflected in the operation of speakers' bureaus. On such a project, the entire membership of the local auxiliary is likely to pitch in. It provides not only the speaker but all the trimmings.

"We give them the food and the tea towels, then end up doing the dishes," says an Idaho wife. "But, by golly, we get to show them our point of view."

The appeal is strictly woman to woman. Talking to parent-teacher associations, Mrs. W. J. Rosser of Birmingham, Ala., tells them how socialized medicine will impede child health programs. And a Washington State speaker has this suggestion for mothers: "When your children ask you to suggest a topic for a school theme, try suggesting that they write about state medicine." As an added incentive for the youngsters, auxiliaries have sponsored essay contests in such states as Arkansas, Tennessee, and Utah.

Untapped Power

Despite its solid achievements, the Women's Auxiliary to the AMA is described by Mrs. Paul C. Craig, public relations chairman, as "a dormant power not completely utilized."

Some state and local units, she says, still give more thought to socials than to socialism.

* HANDITIP *

Taped Cards

To fasten a supplementary card to an original case history or financial record card, try scotch tape instead of a staple. Two bits of such tape serve nicely as hinges. Data on the bottom card are then much more readily accessible.

* * * * *

The more haphazard aspects of the WAAMA program are probably due to lack of experience. Officers in some counties, for example, muff the chance for newspaper space by missing deadlines or failing to report an event in detail.

Another drawback, according to Mrs. David B. Allman, WAAMA president, is lack of enough doctor-cooperation. She feels that medical societies ought to make a practice of giving their auxiliaries (1) *direction* and (2) *assistance*. In Maine, she points out, the medical association invites wives to special briefing sessions on campaign problems. In Indiana, the society gives its auxiliary a hand with such jobs as mimeographing and bulk mailings.

WAAMA leaders emphasize that masculine encouragement counts heavily in getting things done. "When I want to get our bunch moving on a campaign job," says Mrs. Craig, "all I have to say is 'The *men* want us to do this.' It works like magic." END

She Helps Doctors Set Fair Fees

What happens when 1,000 medical association members hire their own social service consultant

● Clearly, the man was in a fix. How would *you* have handled his case?

His wife had just been discharged from a TB sanitarium. She still needed pneumothorax twice a month. "I'm making $75 a week right now," the man told his internist, "but things have been bad all winter—I'm a house painter.

"I owe $600 back board. I have four children, my wife, and my mother to support. I simply don't know what I can afford to pay you."

A trumped-up tale? Or a genuine

hard-luck story? The physician couldn't be sure. Without benefit of Dun & Bradstreet, he'd have a hard time deciding on a fair fee. Except for one thing.

On a prescription blank the physician scribbled: "Mrs. Hunter, 354 Hobart Street, Oakland." Handing it to his visitor, he said:

"Why don't you have a talk with this woman? She's the social service consultant employed by our medical society. Her job is getting people's budgets straightened out; I'm sure she can help you. Meanwhile, I'll start taking care of your wife."

Not knowing quite what to expect, the man headed downtown. The address given him, he discovered, was the headquarters of the Alameda County Medical Association. Mrs. Hunter turned out to be a friendly, warm-voiced woman of about 38. During forty unhurried minutes in her office, the two of them

¶ Talked out the man's family and money problems.

¶ Discussed his resources and obligations.

¶ Drew up a monthly budget that would meet his family needs.

¶ Decided he could set aside $15-$20 a month for medical care.

¶ Arranged with the physician to accept payment at the agreed-on rate.

"I've got to hand it to you people," the man said feelingly as he got up to go. "The doctors in this town are really living up to their pledge."

"The pledge" is what started the Alameda physicians on their unique social service plan. Newspaper readers along the eastern rim of San Francisco Bay blinked twice when the medical society sponsored this ad:

"MEDICAL CARE FOR ALL REGARDLESS . . . regardless of inability to pay, regardless of the day or time of night, regardless of any consideration or condition, you need only ask to receive the services of a doctor of medicine . . ."

The doctors meant every word of it. But they soon discovered they'd overlooked something: What's a fair test of ability to pay?

The question had taken on new importance since the war. Among the area's 700,000 residents were

[*Continued on page* 151]

What Counts as Medical Evidence

● More than one doctor has left a courtroom swearing under his breath at what looked like judicial obtuseness.

Cause of this unspoken contempt of court is usually the fact that the judge would not listen to some clear evidence which the common-sense doctor felt was unassailable.

Here is a newspaper clipping which shows, for instance, that the accident occurred on June 15. Why did the judge refuse to let this go into the record? Certainly a screaming headline in a June 15 newspaper, describing the details of an accident that day, ought to be proof enough that the accident actually took place on June 15. That's common sense. It is not, however, legal sense since the reporter who wrote the story did not see the accident occur. He got the details from someone else. It's pure hearsay.

Not that hearsay is 100 per cent

Some of the things you can and c not use as evidence when in court

non-admissible. After all, if you give your age, that's hearsay too. You don't really know, of your own knowledge, that you were born on May 27, 1905. Your mother told you that and you assumed it to be true. Technically it's hearsay. Still, the courts will admit it.

There are several other exceptions to the "hearsay rule" that are of interest to physicians. For instance, a dying declaration. If a man is on his death bed, and if he knows it, the assumption is that he will tell the truth.

When you attend a patient in his last illness, note carefully anything he says. His remarks may be material to some litigation later. If so, you can quote him on the witness stand. Not that his remarks will be accepted as immutable reflections of the truth. But at least you can put those statements into the court record for what they may be worth.

If, on the other hand, the patient recovers—or if he dies without knowing his illness was fatal—you can *not* quote him. For his comments will then be considered hearsay.

Symptoms as Evidence

Of most interest to physicians is the hearsay rule about giving patients' symptoms:

A general practitioner and a specialist are waiting to testify in an injury action. The specialist has been called in so that the attorney may have an expert witness. The G.P. testifies first and says: "The patient came to me complaining of backache." This testimony is accepted without objection.

The orthopedist then takes the stand and starts to say, "The patient came to me complaining of—" only to hear an explosive "I object" from the opposing counsel. The judge adds a polite admonishment: "Tell us, Doctor, what you found—not what somebody told you." The specialist retreats in confusion.

Seeming Inconsistency

Why is it "hearsay" when *he* tries to tell what the patient said, but admissible evidence when the G.P. does the same thing?

The theory is this:

If the patient goes to a doctor for *treatment,* he will probably describe his complaint truthfully; for if he gave an untrue history, he would get the wrong treatment. But if the patient goes to a specialist to be examined for the purpose of later testimony, he may *not* tell the truth. He isn't going to be treated by the specialist, so he can, with impunity, distort his symptoms. His evidence thus becomes "hearsay." The only way even to get it into the record is for the patient to give it in court under oath.

Medical books and journals are another class of hearsay evidence. Take a case in point:

You have testified that even though the patient staggered and was confused, he was not drunk; he was merely showing the effects

FIBERGLAS REPORTS TO THE PROFESSIONS*

WICK BRAIDED OF FIBERGLAS STAPLE FIBER *helps diagnose* PRETHROMBOTIC STATES

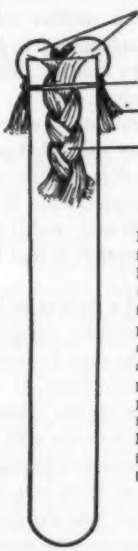


Diagram of prepared filter: G, braided Fiberglas staple fiber (see above) suspended in test tube by supporting arm G^1 (single strand on left, double strand on right); P, paraffin coating to prevent loss of blood into supporting arms; R, elastic band securing latter over rim of test tube.

The Moolten blood platelet adhesiveness test, recently devised, is relatively simple.†

The offensive against thromboembolism has needed a rapid and reliable method for detecting prethrombotic and early thrombotic states in time for adequate prophylaxis, and a wick of braided Fiberglas staple fiber is an effective means to that end.

Having enormous surface area in its many fibers, the wick efficiently explores in 30 seconds the relative adhesiveness of blood platelets. Used as an adsorbing medium the wick readily separates adhesive from non-adhesive platelets in citrated blood, making possible an enumeration of their relative proportion in the total platelet count.

The short period of contact between blood sample and Fiberglas fibers is believed to obviate the possible error from lysis found in methods involving prolonged test periods *in vitro*.

• • •

Inert, inorganic, nontoxic, nonallergenic, nonsensitizing and chemically stable, Fiberglas fibers produce no harmful effect on human tissue. Owens-Corning Fiberglas Corporation supplies adequate working samples of standard Fiberglas products to qualified persons engaged in medical research. Write Owens-Corning Fiberglas Corporation, Dept. 30-G, Toledo 1, Ohio.

†*Moolten, Sylvan E., M. D. and Vroman, Leo. The Adhesiveness of Blood Platelets in Thromboembolism and Hemorrhagic Disorders. Am. J. Clin. Path.*, 19: *701-709, 1949.*

OWENS-CORNING
FIBERGLAS

**Fiberglas is the trade-mark (Reg. U. S. Pat. Off.) of Owens-Corning Fiberglas Corporation for a variety of products made of or with glass fibers.*

of a barbiturate he had taken. Cross-examining counsel is skeptical, so you try to prove that barbiturates can produce these symptoms by citing a standard textbook on pharmacology.

But that isn't evidence.

Why? In the first place, the statement comes from an absent authority. It is pure hearsay because you are telling the court what some one else said. In the second place, everyone is entitled to cross-examine witnesses against him. But you can't cross-examine a book. So as primary evidence, the book is out.

Admission of Authorities

Not completely though. There *are* two ways in which that book quotation may get into the record:

¶ If you're challenged to support your statement, and if you say "Medical authorities agree that—" the attorney will snap back with "*What* medical authorities?" He's opened the door. He's asked for it. So you can tell him. The book thus slips in through the side door.

¶ When the attorney cross-examines you he may say, "Do you consider Dr. Alice Hamilton an authority on industrial poisoning?" If you say yes, then *you* have opened the door, and he can quote from an article by Dr. Hamilton contradicting what you have just said.

This latter possibility often embarrasses doctors. By fine-combing the literature, a lawyer will often find something that appears to disagree with your testimony. How can you answer him? There are five ways:

(1) *Q.* How do you explain the fact that this book, which you admit is written by an authority, states clearly that immediate collapse is the first sign of spinal cord hemorrhage; whereas you say that even though the man walked for a half hour after the accident, he still had spinal cord hemorrhage. Is this authority wrong or are you wrong?

A. Pardon me, but from what edition of the book are you quoting?

Q. This is the 1940 edition.

A. Oh; well, medicine has made enormous progress in the last ten years . . .

(2) *Q.* (Same as above)

A. Textbooks give an over-all view that is generally true; but in actual practice, cases rarely follow the textbook pattern.

(3) *Q.* Do you consider Prof. Franzblau Pippick an authority on diseases of the joints?

A. On most phases of rheumatology and arthritis work, yes.

Q. All right. Now Professor Pippick, in this article, says

Stubborn TRICHOMONIASIS yields to ARGYPULVIS in 98% OF CASES*

*Report of Reich, Button and Nechtow in *Surgery, Gynecology and Obstetrics*... (See coupon offer.)

This newest adaptation of one of medicine's standbys — ARGYROL — gives the physician a most effective and simplified therapy for better control of trichomoniasis. The same effective powder used in office treatments is available for supplementary home use to speed results. For better acquaintance with the ARGYPULVIS technique, use the coupon below.

...in two convenient forms

For Use by the Physician. 7-gram bottles fitting Holm-spray or equivalent powder-blower (in cartons of 3).

For Home Use by the Patient. 2-gram capsule for insertion by the patient (in bottles of 12).

INTRODUCTORY TO PHYSICIANS: *On request we will send professional samples of ARGYPULVIS (both forms), together with a reprint of the Reich, Button and Nechtow report. (Use coupon.)

A. C. Barnes Company
Dept. MT 70, New Brunswick, N.J.

Name.....

Address.....

City.....State.....

ARGYPULVIS ARGYROL and ARGYPULVIS are registered trademarks, the property of **A. C. BARNES CO., NEW BRUNSWICK, N. J.**

that sensitivity to dandruff can cause deformity of the second joint of the big toe.

A. Professor Pippick is, I agree, an authority on most phases of joint disease. But the joints of the feet happen to represent one area in which I do not consider him an authority.

(It will do the cross-examiner no good, at this point, to prove that *most* doctors consider the professor an authority. By not accepting him as an authority on this phase of his specialty, you have immunized yourself from being cross-examined on your disagreement with the professor. Later, of course, the opposition may, through its own medical witness, have Professor Pippick acknowledged as an authority. But by that time you will be back in your office.)

(4) Q. Do you consider Israel Wechsler an authority on neurology?

A. Of course.

Q. Well, in his textbook on clinical neurology, Dr. Wechsler says (quote), "Chorea may last from a few months to a year" (unquote). Yet you want this intelligent jury to believe that the twitchings this man has had for more than three years are due to chorea. Dr. Wechsler who, you admit, is an authority, sets one year as the maximum duration. Are you disagreeing with him?

A. Not at all. Dr. Wechsler was describing acute chorea; we are dealing here with chronic chorea—a very different disease.

(5) The fifth way is to reply that equally eminent authorities take a different view. If you say this, you must, of course, be prepared to back up your claim by citing such authorities.

Your Own Records

Another type of hearsay evidence is your own medical record. You do not, on the witness stand, say, "I have no personal recollection of this case, but my record shows that he came to see me on August 14, 1939, complaining of pain in the neck." If you have no recollection, then you are using a piece of paper as evidence. And the piece of paper cannot be cross-examined.

On the other hand, you *can* (and should) use your office record to *support* your recollection or to refresh it. The theory here is that on looking at your notes, a flood of memory surges over you, and you can now testify on your recollection. This is good evidence, because you can be cross-examined on the accuracy, content, and interpretation of your recollection—which is not true if you disavow all recollection and try to get the office record to stand in evidence by itself.

Hospital records are a somewhat

A thimbleful of dosage for a handful of baby

2.5 cc. Hypertussis
is a specific answer to the hazardous problem of massive repeat dosage in the passive prevention or treatment of whooping cough.
This specific anti-pertussis gamma globulin fraction *reduces dosage volume 75%.*
2.5 cc. Hypertussis contains the gamma globulin equivalent of 25 cc. of human hyper-immune serum—a 10-fold concentration.

2.5 cc. Hypertussis
can be used effectively in conjunction with antibiotics, which are often indicated in the treatment of secondary infections that sometimes occur with pertussis. Allergic reactions are rare with *2.5 cc. Hypertussis* for it is concentrated from human venous blood.

2.5 cc. Hypertussis
is a crystal-clear homologous protein, ready for immediate intramuscular injection.

Specify 2.5 cc. Hypertussis
for whooping cough—a thimbleful of dosage for a handful of baby.

CUTTER
2.5 cc. Hypertussis
Hyper-Immune Anti-Pertussis Serum—Human
CUTTER LABORATORIES • BERKELEY, CALIFORNIA

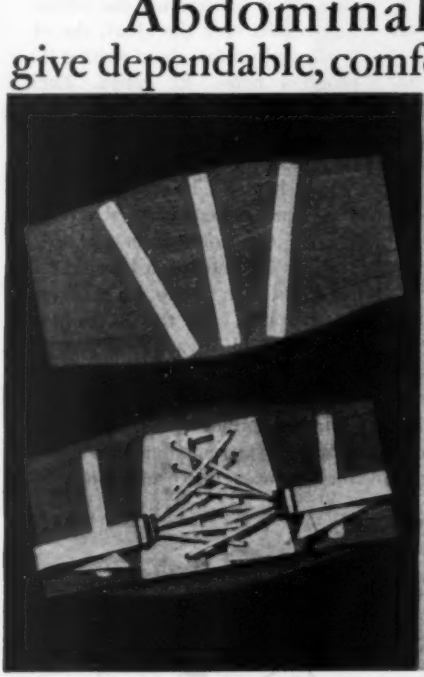
similar exhibit. In some states they are barred as privileged communications, though of course the patient may waive the privilege. In other states, they stand as hearsay or as a miscellaneous collection of memoranda made by a dozen different people, few of whom are available for cross-examination, and most of whom would confess to having no personal recollection of the case.

But usually there *is* a way of getting the essential parts of the hospital record into evidence. First, the record librarian or custodian testifies that this batch of paper is, in fact, the official record of the hospital. That gets the chart in "for identification." It doesn't open the record as evidence yet, but it's the first step. Then those who wrote the significant parts of the record testify. The interne tells about his admitting note, the laboratory technician about transcribing the laboratory results onto the chart, the attending physician about writing the progress notes. Et cetera. Each witness must be able to say, on looking at the chart, that he recognizes his own handwriting and that, seeing the notes, he recalls the case. The nurse or technician who transcribed the notes from an order book or laboratory card would testify that she made an accurate transcription. All this is tedious. But it's a solid way of getting the relevant parts of the chart into evidence.

In less formal tribunals(in many workmen's compensation bureaus, for instance), there may be agree-

"Not THE Doctor Wassermann?"

BAUER & BLACK
Abdominal Belts
give dependable, comfortable support



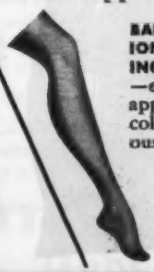
For firm yet comfortable abdominal support, required in post-operative conditions . . . strains . . . muscular weakness, etc., prescribe a BAUER & BLACK Abdominal Belt.

They're made of strong, surgical elastic to give firm, positive support—yet with complete freedom of movement.

Cool to wear; easy to use. No complicated lacing to fuss with—just pull the straps to the desired tension.

For your patients' support and comfort, prescribe Bauer & Black elastic supports!

TENSOR,* the Elastic Bandage woven with *LIVE RUBBER THREAD,* provides dependable, controlled pressure. *Stays put* once applied.



BAUER & BLACK FASHIONED ELASTIC STOCKINGS . . . 2-way stretch—easy to fit. Women appreciate the neutral color and inconspicuousness.

Send for informative **FREE** *Booklet on elastic supports. Write Dept. C0-7.*

BAUER & BLACK

Division of The Kendall Company, 2500 S. Dearborn St., Chicago 16 *Reg. U. S. Pat. Off.

FIRST IN *ELASTIC* SUPPORTS

ment by all concerned to a short-cut: The hospital record clerk identifies the chart and the attending physician states that everything written therein was prepared under his supervision or at his direction. Sometimes the judge then allows the entire chart to go into the trial record as evidence. Of course the doctor who is testifying from it is subject to cross-examination on its contents.

Exhibits of Injuries

Still other material objects may constitute evidence. Always impressive is the patient's exhibition of his actual wound, deformity, or scars. The judge must, of course, make sure that the purpose of the display is to give the jury information, not merely to arouse sympathy. For this kind of evidence obviously lends itself to the promotion of semi-public spectacles that can inflame a jury quickly.

An X-ray film is another kind of material evidence that is admissible if the technician or roentgenologist swears to its authenticity. Once admitted, the film is available for interpretation by roentgenologists called by either side.

Some doctors cannot understand why an X-ray film is good evidence when a medical book is not. The reason is twofold: (1) The film applies specifically to the patient in question, while the book applies generally. (2) The author of the film (*i.e.*, the technician or roentgenologist) is available for cross-examination, while the book author is not.

What about the admissibility of the newer medical tests as evidence? What is the judicial view toward such things as lie-detector results; "truth serum" tests; blood tests for paternity; determination of alcohol content of blood, urine, or breath in cases of drunkenness; the results of intelligence and personality tests applied by psychologists and psychiatrists? In these cases the law is not fixed either in time or place. The general trend is for jurisdictions to accept more and more of these tests; yet there is still much skepticism.

The results of a particular test, in a particular court, will be either (a) accepted without question, (b) admitted in evidence as long as the patient's connection with it is made clear and the doctor introducing it is subject to cross-examination, (c) admitted for whatever the jury thinks it is worth, (d) excluded completely.

The Judge Decides

In some states, the test is governed by a specific statute. Usually, however, the judge decides whether to admit the test report in evidence and tells the jury how much weight to give it.

Appellate courts will not generally disturb the decision of the trial judge on this, even when the decision does violence to scientific truth. Thus, in one case, paternity blood tests proved that the de-

fendant could not possibly be the baby's father; but the judge decided otherwise, and he was supported by a higher court. In another case—and this is not uncommon—a judge refused to commit a mental patient in the fact of uncontradicted testimony by several psychiatrists that he was dangerously insane. Here it was not a question of conflicting expert opinion. Every bit of expert opinion was on one side—yet that side lost.

Reasons for Rules

The admissibility of medical evidence may be likened to the admissibility of evidence in general. Yet a doctor, accustomed to a noncontroversial theater of operations, may regard the evidence rules as senseless.

In the sickroom, no one has any interest in concealing or distorting the truth. Everyone is united in a single purpose: to help the patient get well. That's why it's sometimes hard for the M.D. to understand the complex rules for acceptability and interpretation of evidence in a courtroom.

But one thing the physician can be sure of: These rules are not just whimsy—to make people do everything the hard way. They have been hammered out before the bar over a thousand years. Though it sometimes doesn't seem that way, the law, in enforcing the rules of evidence, really *does* know what it's doing. —GORDON DAVIDSON, LL.B.

2 new evaporated milk and Dextri-Maltose formulas for infants

FOR ALMOST FOUR DECADES physicians have recognized the merits of infant-feeding formulas composed of cow's milk, water and Dextri-Maltose*.

In LACTUM and DALACTUM, Mead's brings new convenience to such formulas – for LACTUM and DALACTUM are prepared for use simply by adding water.

LACTUM, a whole milk formula, is designed for full term infants with normal nutritional needs.

DALACTUM, is a low fat formula for both premature and full term infants with poor fat tolerance. Both are generous in protein.

*T.M. Reg. U.S. Pat. Off.

Liquid Formulas
•
Convenient
•
Simple to Prepare
•
Nutritionally Sound
•
Generous in Protein

MEAD'S

MEAD JOHNSON & CO.

EVANSVILLE 21, IND., U.S.A.

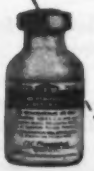
Com-Pen

EASILY MIXED . . . EASILY ASPIRATED . . . EASILY INJECTED

Mixed with Water For Injection, U.S.P., or Isotonic Sodium Chloride Solution, U.S.P., Com-Pen quickly forms a homogeneous suspension. Its particles of procaine penicillin G are uniformly dispersed due to the presence of small amounts of harmless dispersing agents. A minimum of agitation is required prior to aspiration.

Because of the high degree of subdivision of its procaine penicillin particles, Com-Pen is easily aspirated through a 20-gauge needle prior to injection. Prepared suspensions of Com-Pen may be kept at room temperature for one week, or at refrigerator temperature for three weeks, without significant loss of potency.

Com-Pen is readily injected through a 20-gauge needle. Small particle size and a homogeneous suspension make this preparation unusually trouble free. This outstanding feature is especially important in both hospital and office practice. Com-Pen is indicated whenever a repository type of penicillin is called for.



Package Information—Mixed according to directions, Com-Pen produces a uniform suspension, each cc. containing 300,000 units of crystalline procaine penicillin G. Com-Pen is supplied in: (1) five dose vials containing 1,500,000 units, (2) single dose vials (300,000 units) in individual boxes, and (3) single dose vials in boxes of 50.

C.S.C. Pharmaceuticals

A DIVISION OF COMMERCIAL SOLVENTS CORPORATION,

17 EAST 42ND STREET, NEW YORK 17, N.Y.

CRYSTALLINE PROCAINE PENICILLIN G FOR AQUEOUS INJECTION

Just YOU!

• A word for committeemen, association members, and plain, everyday citizens—adapted from a sermon by the Reverend Ernest H. Sommerfeld, Minister of The Church of the Unity, Springfield, Mass.:

Joe Doakes, at the Pearly Gates, says, "I plead admittance, St. Peter."

St. Peter answers, "Sorry, Joe. I can't let you in. You were a director of the Updale Do-Good Association. It advocated a municipal golf course that took money from widows and orphans in order to benefit you and a hundred other golfers."

"But St. Peter, it was the Updale Do-Good Association that took that action; not me."

St. Peter shakes his head. "Sorry again, Joe, but the Updale Do-Good Association isn't on my list for admission. Nor is any foundation, corporation, association, union, or other organization. All I have listed here are persons—just persons."

• • •

Can't you just hear someone else arguing with St. Peter:

"But St. Peter, I was told by my committee to vote against admitting that man to the staff. I know there was nothing wrong with him, but what could I do?"

"But St. Peter, while I know my employers used to take advantage of patients who came to us, I had a family to support, so there were some things I had to shut my eyes to."

• • •

We should know that conscience, reason, integrity, and judgment are the exclusive virtues of individuals. Organizations don't think; only individuals think. Organizations don't commit wrongs; only individuals commit wrongs. Majority decisions are not right merely because they are in the majority. The majorities that nailed Jesus to the cross, that gave Socrates the hemlock, that burned John Hus at the stake, that forced Galileo to deny what his telescope told him were not right. In these cases, the individual was right.

Are there not just such situations today?

You've Got to Give Them Credit

But not haphazardly. Learn to spot the patient who's willing and able to pay

• "Check the patient's credit status? No thanks. In prosperous times like these it isn't worth my while."

It's no trick today to find a doctor with that attitude. Yet the same man may be failing to collect a good 10-20 per cent of his accounts.

Diagnosing the patient's financial status is neither unprofessional nor very time-consuming. You need only have your secretary ask a few innocuous questions on the patient's first visit.

Some *do's* and *don'ts*:

DO get the name of the person to be billed (and his relationship to the patient), as well as the patient's name. This fixes responsibility, reminds the patient inoffensively that you *expect* payment.

• • •

DON'T record a name by its sound; have the patient spell it. That way you won't get "Phelps" for "Phillips," etc. Even if your hearing's fine, as common a name as "Schaefer," phone books show, can be spelled ten different ways.

DO get all names in full. When "John Arthur Jones" skips out on a bill, he may be hard to locate if your books show him only as "J. A. Jones." Your collection agency will have a hard time distinguishing him from "Jonathan A. Jones," "J. Archibald Jones," "Justin Angus Jones," *et al.*

• • •

DON'T overlook the patient's past addresses, in addition to his present one. Go back at least two years. Reason: Continuity of residence has a bearing on credit standing; also, old addresses furnish clues to skiptracers. The current address, of course, gives a slant on his resources as judged by the kind of neighborhood he calls home.

• • •

DO get details about his job. Knowing that he works in the furniture department of Blank's Department Store isn't enough. He may be merchandise manager at $15,000 a year or a temporary inventory clerk at $50 a week for the next two weeks. Also, some occupations have a higher percentage of bill-dodgers than others. As a class, professional people are the best risks; but artists, lawyers, and clergymen don't measure up to doctors, engineers, and teachers. Gen-

erally speaking, accountants, stenographers, and sales people are good bets, traveling salesmen excepted; while policemen and firemen outrank taxi drivers. Women are more reliable payers than men.

• • •

DON'T ask the name of the patient's bank. For one thing, it *sounds* too mercenary. For another, most banks will describe a depositor's balance only in vague terms. A query about his charge accounts, however, has nothing of the cash-register ring to it and will tell you more about his credit standing (unless, of course, he has declined or been declined such accounts).

• • •

DO inquire tactfully about the patient's income if treatment will lead to a substantial fee. Example: "It will help in determining an equitable fee if you can give me some idea of your income. Around three thousand? Five? Over ten?" This leaves him latitude to name the nearest round figure—close enough for your purposes.

• • •

DON'T set too much store by such superficial signs of prosperity as jewelry, furs, a Cadillac. A patient tending to the flashy side may be in hock all over town.

• • •

DO ask who recommended you, who the patient's previous doctor was. Both are possible credit data sources. You'll probably want to thank the referrer anyhow, and can put in a leading question then.

DON'T ask for references. The patient won't refer you to his enemies, and his friends will tell you he's a prince among men.

• • •

DO record the patient's marital status, number of dependents. Thus you can spot the overburdened breadwinner, the probable alimony payer, the real or grass widow. To learn if a woman is separated or divorced, your secretary need only inquire: "Shall I send the bill to your husband at 209 Maple Street [the woman's address]?"

With no more information than the above, you can make a shrewd, sixty-second appraisal of your man. As in any diagnosis, it's the over-all picture that counts: his general reputation, his manner, the prima-facie evidence of his ability to pay.

If you're dubious on any major count (and if further inquiry still leaves you in doubt), better consult a credit agency—say, one of the 1,200 Associated Credit Bureaus of America. These outfits have the credit lowdown on practically everybody and his brother. Membership and service charges are nominal ($.75 to $1.40 for a full credit record). Some bureaus offer special rates to professional men.

A businesslike credit policy is, after all, no more than good sense, good taste, good professional practice. And remember that it applies to doctors as well as patients. So:

DO pay *your own* bills promptly.

END

in itching, irritative skin conditions... to soothe, protect, aid healing... stop scratching... reduce risk of infection

enzo-cal®

the original anesthetic calamine cream

Skilfully combining near-colloidal calamine and zinc oxide with benzocaine for prompt, effective, antipruritic action, this greaseless, flesh-colored cream, with faint rose odor, is like a fine cosmetic cream. Patients, doctors and doctors' wives say it is

"so pleasant to use"

Specify ENZO-CAL in ECZEMA, DIAPER RASH, PRURITUS VULVAE, PRURITUS ANI, INTERTRIGO, EXANTHEMS.
Available in 1½ oz. tubes and 1 lb. jars.

send for free full-size package for trial today

Crookes

CROOKES LABORATORIES, INC., 305 E. 45 Street, New York 17, N. Y.
Please send me a market package of ENZO-CAL, and literature, without charge.
M.E

Name_____ M.D., Address_____

New Yardstick of Stock Values

Price-dividend ratio gives fresh slant on market worth of common stocks

• Generations of investing physicians have measured stock values by the rule of thumb that says the average share is worth about ten times its earnings. But this time-honored yardstick seems to be losing some of its popularity. More and more investment analysts today are turning to price-dividend ratios as possibly a more sensitive gauge of values.

To compute the price-earnings ratio of a stock, you merely divide its current market price by its latest annual earnings. If it's selling at $24, for instance, and earned $3 a share in 1949, the ratio is 8 to 1. You figure the price-dividend ratio the same way. Thus, if this $24 stock paid $2 a share to stockholders last year, its price-dividend ratio is 12 to 1.

Over the past fifty years the average price-dividend ratio among all dividend-paying common shares on the New York Stock Exchange has been 17 to 1. This figure was recently computed by the Cleveland Trust Company from dividend payments each year and from prices at the close of each year.

But the ratio has varied with bull and bear swings in the market. An unusually high ratio has generally spelled danger; an unusually low one, the reverse.

In May 1946, for example, the ratio reached a dizzy 30 to 1. Investors who had taken heed and sold out by then were smart. For that month saw the end of the wartime bull market; prices eased off that summer and crashed that autumn. On the other hand, just before share prices began their long rise from June 1949, the ratio was an attractive 12.2 to 1.

No Magic Number

Other things being equal, a common stock quoted at less than seventeen times its annual dividend rate is a buy; and a stock quoted above that is a sell. But in practice, other things seldom *are* equal. So experienced investors never make purchase or sale decisions, or weigh one stock against another, on the basis of price-dividend (or price-earnings) ratios alone. Here are their main reasons:

¶ The shares of some companies, because of long and solid operating records, habitually command

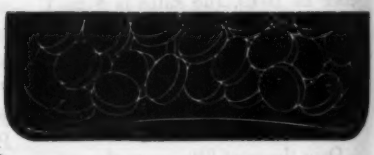
NEW!
Carmethose-Trasentine

Doubly effective in relieving gastric discomfort...

Carmethose-Trasentine is a logical combination of a new *antacid* and an effective *antispasmodic* to control gastric discomfort.

Controls hyperacidity . . . This combination lowers gastric acidity and forms a protective coating which has been observed in the stomach for as long as three hours.

Controls spasm . . . Carmethose-Trasentine relieves gastric pain also by relaxing smooth muscle spasm. The anesthetic effect of Trasentine further controls gastric irritability. Carmethose-Trasentine is non-constipating, palatable and eliminates acid-rebound.



Issued: Carmethose-Trasentine Tablets: sodium carboxymethylcellulose, 225 mg.; magnesium oxide, 75 mg.; Trasentine, 25 mg. Bottles of 100.
Carmethose without Trasentine is also available for use in cases where the antispasmodic component is considered unnecessary. Available as Tablets, each containing sodium carboxymethylcellulose 225 mg., with magnesium oxide 75 mg., and as Liquid, a 5% solution of sodium carboxymethylcellulose.

Ciba *Pharmaceutical Products, Inc.,*
Summit, N. J.

CARMETHOSE T.M. (brand of sodium carboxymethylcellulose)
TRASENTINE ● (brand of adiphenine)

3-1555M

higher prices than do others in relation to earnings and dividends. These are the blue chips, the investment-caliber issues.

¶ Stocks with especially strong prospects for earnings or dividends gains may deservedly sell at higher-than-average ratios. This is because the ratios are based on current or immediate past performance, taking no account of the future.

¶ A lower-than-average ratio may

Price-Dividend Ratios of 20 Common Stocks

Company	*1942*	*1946*	*1949*	*1950*
Address.-Multi. Corp. ...	14.6	31.1	16.5	18.7
Aldens, Inc.	11.8	22.5	11.8	12.8
Armstrong Cork Co.	22.6	28.3	17.1	17.2
Atlas Powder Co.	15.1	27.8	21.5	25.6
Barnsdall Oil Co.	20.2	26.9	16.0	15.0
Bayuk Cigar Co.	15.2	15.0	12.4	10.5
Belding Hemingway Co. ..	11.4	20.0	9.9	10.8
Briggs Mfg. Co.	10.4	17.1	9.7	11.5
D.W.G. Cigar Co.	7.7	7.3	10.0	10.5
Fed. Dept. Stores Co. ...	10.0	21.0	17.4	19.9
Florence Stove Co.	13.0	20.6	16.3	16.3
Glidden Co.	17.8	24.8	15.8	18.1
Great Western Sugar Co. .	11.9	19.8	12.5	13.4
Harb.-Walk. Refract. Co. .	12.0	17.0	11.4	13.3
Industrial Rayon Co.	13.8	24.9	17.4	18.0
McGraw Electric Co. ...	11.3	15.1	12.8	13.4
Motor Wheel Corp.	14.4	18.3	8.2	9.7
Nat. Cash Register Co. ..	15.5	31.5	14.6	14.7
Phelps Dodge Corp.	15.4	26.4	12.2	12.7
Phillips Pet. Co.	22.5	29.0	19.9	22.6
Average	14.4	21.7	14.5	15.2

NOTE: The 1942, 1946, and 1949 price-dividend ratios were computed from each respective year's dividend payments and December 31 prices. The 1950 ratios are based on June 1, 1950 prices and 1949 dividends.

not mean the stock is a bargain—merely that its prospects are unexciting.

When you interpret the price-dividend ratio of an individual stock, apply all the ifs and buts you would to the blood-pressure reading of a patient. Do this too when you would diagnose the stock market as a whole by interpreting the average price-dividend ratio of a *group* of shares.

Table Tips

Now take a look at the table on page 101. It lists twenty common stocks that have paid dividends for at least fifteen years. It covers such industries as oil, rayon, copper, auto equipment, building supplies, retail merchandising, food processing, and office equipment. Note these points:

¶ Price-dividend ratios of the individual shares vary widely. A blue chip like National Cash Register sells at a consistently higher ratio than a less seasoned issue like McGraw Electric.

¶ At the end of 1942, when the wartime bull market was just getting started, the average ratio for these twenty stocks was low (14.4 to 1). At the close of 1946, with the post-war bear market six months under way, it continued high (21.7 to 1)—even though down several points from its May peak. At the 1949 year-end it was again low (14.5 to 1) despite its rise since the bear market's end the previous June. By the beginning of last month the ratio had climbed a bit nearer its fifty-year average.

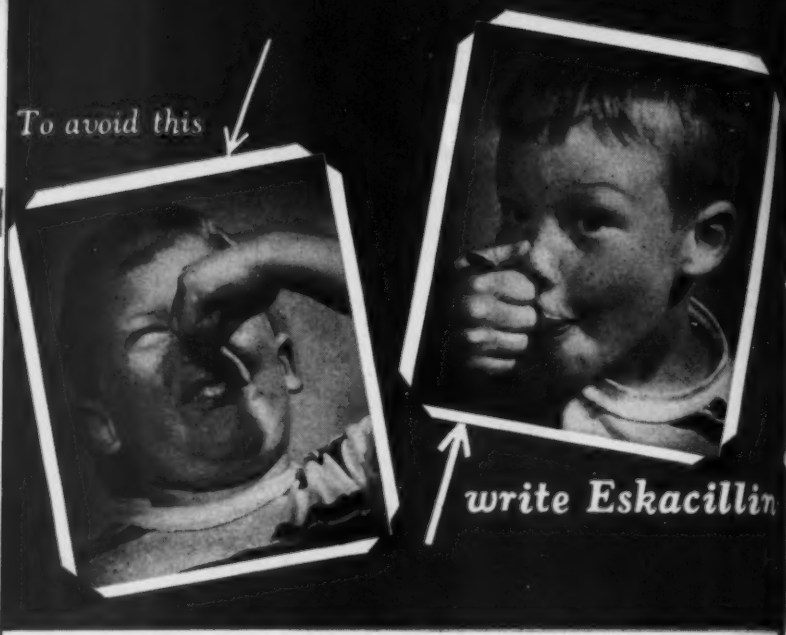
Though the June 1, 1950, ratio was obsolescent even on the day computed (because it was based on 1949 dividends), it nevertheless suggested that many stocks had lost their outstanding "yield appeal" of six to twelve months earlier, though still on the sunny side of the 17 to 1 long-pull average.

The significance?

Early last month Wall Street optimists were pointing out that rarely had bull markets of the past come to an end short of a 20 to 1 price-dividend ratio. Most agreed, however, that the market's almost straight-line advance over a twelve-month period had left it vulnerable to a sharp reaction this summer or fall. END

Hippocratic Huddle

• Slipping out one evening for a bridge game with the boys, the young surgeon tossed his wife the most high-sounding excuse he could think of: "Very important case," he said solemnly. "There are three doctors there already." —GERALD M. BANKER



The liquid oral penicillin that tastes good!

ESKACILLIN tastes so good that even young children actually like to take it.

But palatability is not ESKACILLIN's only advantage. Unlike most extemporaneous "fruit syrup" mixtures, ESKACILLIN maintains its potency for 7 full days under refrigeration.

Each teaspoonful of ESKACILLIN contains 50,000 units of crystalline penicillin G—and produces a blood level equivalent to that obtained with a 50,000 unit penicillin tablet. ESKACILLIN is supplied in 2 fl. oz. bottles —containing 600,000 units of penicillin.

Eskacillin *the unusually palatable liquid penicillin for oral use*

Smith, Kline & French Laboratories, Philadelphia

'Eskacillin' T.M. Reg. U.S. Pat. Off.

What Auto Clubs Offer the Doctor

Whether it's worth your while to join depends on how much you drive and where

• The blizzard of 1947, which overnight congealed auto traffic throughout the East, put one small-town obstetrician on the spot. With a patient in advanced labor, he was marooned at his home, she at hers. He phoned his automobile club for help. It promptly dispatched a low-geared tow car through the drifts, got both doctor and patient to the hospital ahead of the stork.

Mushing you or your patients through blizzards isn't a standard service among auto clubs—but neither are a whole raft of other things they'll do for you in a pinch.

Need to have a cow hauled out of a well? Want tickets to a show or the address of your nearest Buddhist temple? Like help with your offspring's algebra? Motor clubs can and have helped members with these and a long list of other out-of-the-way problems. As a rule, though, they prefer that your request be at least vaguely related to motoring.

Far and away the biggest federation of auto clubs, and the chief one offering nation-wide emergency road service, is the American Automobile Association. Its 700-plus clubs and branches boast some 2.9 million members. Each club is an independent unit, tied to the national body only by an agreement to provide members with touring information and a 24-hour road service that measures up to AAA standards.

But that isn't all you get. Here's what club services cover:

AAA Services

¶ *Travel service.* Advice on how to go, where to stop, what to see wherever you travel, here or abroad. All reservations, tickets; visa, passport, customs aid; tour arrangements, car shipment. If it's a domestic motoring trip, personalized "triptiks" (map strips), your best route marked mile-by-mile in crayon, based on daily road-condition reports from field men. State and regional maps (1,100 editions), directory of approved hotels and resorts, directory of approved service stations, other special directories. Overseas: international licenses, gasoline allotment aid, language manuals, service from seventy foreign affiliated clubs from Rome to Rangoon. [*Turn page*]

Nontoxic
effective
physiologic
ophthalmic
therapy

In conjunctival, eyelid, corneal infections

SOLUTION

PROPION® OPHTHALMIC

Ophthalmic Solution Sodium Propionate 5%

In ACUTE INFECTION . . . "appears efficacious in about as short an interval as any other drug used and seems to have no unpleasant sequelae."*

IN CHRONIC CONDITIONS . . . "has proved efficacious and nonirritating" when therapy is prolonged.

SOLUTION PROPION OPHTHALMIC usually has a soothing effect, giving prompt subjective relief.

SUPPLIED: Bottles of 5 fl. dr. with dropper.

*Theodore, F.H.: Arch. Ophth. 41:83, 1949

Wyeth Incorporated • Philadelphia 3, Pa.

Wyeth®

¶ *Road service.* AAA statisticians figure it's six to five you'll break down on the road and have to call a garage sometime within the next twelve months. As a club member, you simply phone the nearest AAA-contract garage (16,000 throughout country, listed in the classified phone book). If you call a non-contract garage, you request a receipted bill and are then reimbursed by the club. AAA garagemen will either get you going or tow you in, free; but shop work is on you. In many areas AAA radio prowl trucks help speed service. Your local club will probably exempt you, as an M.D., from the rule that a member must remain with his car till help comes. Road service, incidentally, includes emergency service to your car at your home, as when you find yourself stuck some morning with a dead battery.

¶ *Insurance.* Most AAA-affiliated clubs insure all members, without charge, against loss of life, limb, or sight by auto accident, in amounts up to $3,750. Some also sell car insurance at preferential rates.

¶ *Claim adjustment.* About half the local clubs offer this service. It means that if somebody crumples your fender, for instance, the club will help you collect. If it can't get satisfaction for you, it will assist you in filing action in a small claims court.

¶ *Legal service.* Here and there you'll find a club that will pay a lawyer of your choice for any defense action you may undertake arising from an auto mishap or arrest. These payments are according to a maximum fee schedule, usually with a $50 top.

Friend at Court

¶ *Bail bond.* Practically all clubs provide members with free bail bond protection up to $5,000. This covers arrest for any traffic violation or for automobile homicide, manslaughter, or other felony, unless a drunk-driving charge is involved.

¶ *Theft reward.* About two out of three AAA clubs offer a $25 or $50 reward for the return of your car if it's stolen. A few clubs also pay rewards for the apprehension of hit-run drivers.

¶ *License plates.* A common service is to mail you your plate renewal form, and later your new plates, saving you the nuisance of applying for them in person.

¶ *Other services.* Some clubs provide free brake and headlight adjustment service. The one in New York City operates a cooperative purchase plan, through which members get 10 per cent discounts on auto accessories and household goods bought at approved stores. The Automobile Club of New York furnishes car-purchase and maintenance advice, operates a theater-ticket service and a hunting-and-fishing bureau. The Minneapolis club throws in a country club membership for an extra $25. Many clubs circulate monthly publications

Triple treatment for DIARRHEA

(specific and nonspecific)

SHARP & DOHME

Diarrhea is a nuisance, "one of the commonest symptoms of illness in the human race,"* and a real menace, accounting for nearly 1% of deaths reported in the United States. In ten Southern states, in 1946, more deaths were reported due to diarrhea than to typhoid and scarlet fevers, pertussis, diphtheria, malaria, measles, and poliomyelitis combined!*

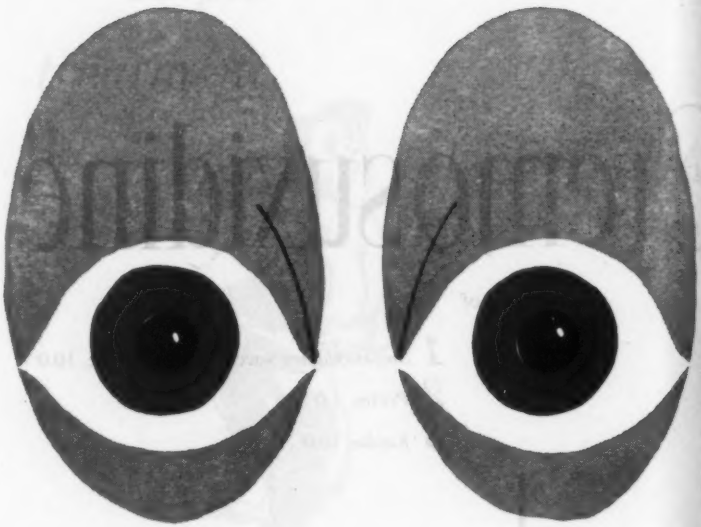
Cremosuxidine® offers a new, palatably flavored, exceptionally effective triad for control of specific and nonspecific diarrheas: potently bacteriostatic, relatively nontoxic *Sulfasuxidine*®, detoxicant *pectin*, and protective, adsorbent *kaolin*. *Cremosuxidine* may be administered for bacillary dysentery, paradysentery, salmonellosis, diarrhea of the newborn, and so-called "summer complaint." Supplied in *Spasaver*® bottles containing 16 fluidounces. Sharp & Dohme, Philadelphia 1, Pa.

*Gray, A. L.: Southern Med. J., 43:320, April, 1950.

Cremosuxidine®

Suspension of

1. *Sulfasuxidine®* succinylsulfathiazole, 10.0%
2. *Pectin*, 1.0%
3. *Kaolin*, 10.0%



when your patient sees it daily . . . his "tonic" becomes an ever-present symbol of the reassuring and comforting fact that he is "in the care of his physician". Physicians know that, in addition to its tone-restoring and appetite-stimulating effects, this psychological aspect of a good tonic can often produce striking results. NEURO PHOSPHATES and THERANATES are both available in 12 fl. oz. bottles.

Smith, Kline & French Laboratories, Philadelphia

Eskay's Neuro Phosphates*

a palatable and effective tonic

Eskay's Theranates*

the formula of famous Neuro Phosphates, plus Vitamin B_1

*T. M. Reg. U. S. Pat. Off.

crammed with useful motoring information.

Dues vary from $5 annually in a few rural localities to $15 in the larger cities. About half the clubs charge an entrance fee, typically from $2 to $5. Club privileges usually extend to anyone driving your car with your permission. If you have a second car, you can cover it with a supplementary membership, at from one-half to three-quarters the regular dues rate. If you live in a territory not covered by an AAA club, $15 will buy you a year's membership in the national association. You get the travel service, emergency road service, and bail bond.

The AAA was founded as a nonprofit organization in 1902 to push for extension of the country's 143 miles of paved roads and to lick laws like those requiring motorists to buy license plates for every state they entered. It still lobbies for better roads, lower gas taxes, a better break for drivers generally. Additional activities include sponsorship of school safety patrols and driving classes.

Other auto associations are relatively small alongside the AAA. Biggest are the Keystone Automobile Club (Pennsylvania, New Jersey, Maryland, and Virginia), the Automobile Legal Association (New England and New Jersey), and the National Automobile Club (California and seven southeastern states). Services are similar to AAA's within club-coverage areas—and are sometimes fuller and cheaper than AAA's.

Is auto club membership worthwhile for doctors? Many swear by it, chiefly for the road service.

Says a Cleveland doctor-member of AAA: "The other day I had a flat while out on a house call. I called the club, they called a radio truck, and five minutes later I was on my way again."

A Washington, D.C., ophthalmologist says: "Recently I had a patient who couldn't see to drive home after a pupil dilation. My auto club sent a man over to chauffeur him."

Even in New York City, where private-car transportation is less vital to M.D.'s than it is in many areas, the AAA estimates that nine out of ten local physicians are members.

If the demands of your practice are such that you can't work in a vacation trip this year, beware the AAA's travel literature. It's heady stuff.

Witness the case of the prison librarian, a trusty, who was subjected to the temptations of a newly-received set of AAA tour books. It wasn't long before he succumbed completely, made a fast getaway, and took the books with him (presumably as a guide to the better hotels and stopovers). When the authorities finally nabbed him, they decided thereafter to keep all AAA material out of prisoners' hands.

If you're a busy man, don't say we didn't warn you. END


RED CROSS® ADHESIVE TAPE
all rolled up into one
NEW EXCLUSIVE FORMUL
RED CROSS
ADHESIVE
TAPE
ZO
2
XUM


greater freedom
from skin irritation
sticks better
greater flexibility
lasting freshness
whiter appearance
* No connection whatever with the American National Red Cross

WITH A *Ritter* ENT UNIT

As a busy physician you can conserve your energy, yet serve more patients with a Ritter ENT Unit . . . designed especially to help you utilize your skills more thoroughly. You can treat patients without moving from the chair. A stretch of the arm brings air, water, vacuum, electricity, or waste into immediate use. Equally accessible are spray bottles, medicaments and low voltage instruments. Diagnostic and treatment time is kept to a minimum . . . with patients more at ease. Low voltage instruments are properly angled for easy grasp.

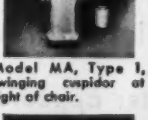
Then, too, there is a Ritter ENT Unit to fit your favorite operating technique. The Ritter cuspidor can be on the right or left as part of the unit, or, as a separate piece of equipment. Ritter ENT Units are made to position at either right or left of the chair.

Start now to enjoy the advantages of a Ritter ENT Unit best suited to your technique.

If you're vacationing in the East, be sure to visit our plant.

FOR ADVANCED EQUIPMENT LOOK TO **Ritter**
COMPANY INCORPORATED
RITTER PARK, ROCHESTER 3, N. Y.

Choose the UNIT to fit your technique



Model MA, Type 1, swinging cuspidor at right of chair.

Model MB, Type 2 Unit, at left, surgical cuspidor at right of chair.

Model MB, Type 1 Unit, at right, surgical cuspidor at left of chair.

Get Acquainted With Your Bank

What every young M.D. should know about the varied services that banks offer

• Not many commercial banks, like one warm-hearted institution in Boston, will shovel the snow off your roof, fix your furnace, or board your pet parrot. On the other hand, few customers realize the range of chores most banks *will* do for them —either gratis or for a small fee.

Chances are that your own bank, for instance, will on request debit your checking account to buy you savings bonds at regular intervals, collect outstanding notes for you, or make out your income tax return. Some banks will even handle certain of your personal bills, like insurance premiums and utility bills. Charges for such services are quite nominal, too.

Of course, a good bank isn't eager to do all these things for you the first time it sees you. It wants to know beforehand that you're a solid citizen, and it will probably ask for references.

Accounts in most banks are guaranteed up to $5,000 by the Federal Deposit Insurance Corporation. But it's still a good idea not to put all your eggs in one basket. The FDIC insurance system is only fifteen years old, hasn't yet been put to the test of a financial panic.

If you're going to open a joint checking account with your wife, be sure you know its provisions. In a survivorship account, your wife will have access to the full balance if anything happens to you. In another type of joint account, if one of you dies, half of the balance is frozen until the estate is probated.

Check Those Checks

Some points to remember when you're writing a check:

¶ If it's a Sunday or holiday, date it the previous business day. Most banks prefer this for bookkeeping reasons, though a Sunday or holiday check is perfectly valid. So is a post-dated check, though not until the designated date. If it turns up at the bank before then, the bank won't pay it without your permission. A customer who makes a habit of post-dating checks may find himself paying a bank charge of $2 or more for each such check the bank has to question.

¶ When writing the amount in words, start as far left as possible, so no one can insert a word before

it, raising the check. For the same reason, let the amount in figures snuggle close to the $ mark. (Incidentally, if you fail to make the two amounts agree, the amount in words fixes the value of the check.)

¶ If you make an error, don't try to change it. Tear up the check, or write "Canceled" across its face, and file it with your bank-canceled checks. (Certified checks are the exception. Since a certified check is an obligation of the bank itself, it should be turned in if you decide not to use it.)

Endorser's Obligations

When you endorse a check without qualification, you attest to three things: (1) that the check is valid, (2) that you've received value for it, and (3) that, if necessary, you'll make good on it yourself.

A blank endorsement (your name and nothing else) makes the check payable, of course, to anybody. It's best not to endorse a check in blank unless you intend to cash or bank it immediately.

Other types of endorsement:

Special endorsement, which names the person who must next endorse the check, thus: "Pay to the order of John T. Jones," followed by your signature. This is proper if you're using a check drawn to your order to pay a bill you owe Jones. But be sure to get a receipt, since you won't have the canceled check to serve as such.

Qualified endorsement, by which the endorser ducks responsibility for the check if it bounces: "Pay to John T. Jones or order, without recourse," plus signature. Seldom used any more, except by sharp money-lenders and the like.

Restrictive endorsement, which aims the check straight into your

Men of Science

III

Psychiatrists are those who seek
The reasons men are bold or meek.
And one might say their specialty
Is barking up the family tree.

The psychiatric points are fine,
And cases known as "borderline"
Who breathe a hyperphrenic sigh
May very well be you or I.

—ALICE MARTIN LESTER

bank account: "For deposit only," and signature. Use this if you're depositing the check by mail or messenger.

Save Time in Banking

When you get a check, it's a good idea to dispose of it without delay. Banks aren't fond of cashing old checks. Some won't honor a check that's more than thirty days old. Besides, by hanging into a check, you run the risk of the drawer of it dying, therefore invalidating the check.

Making out duplicate deposit slips for your checks is a nuisance; but it's your protection against clerical errors or occasional dishonesty of bank employes. A time-saver in filling out slips is to identify each check merely by transit number. This is the hyphenated number printed on the face of the check. It identifies the bank on which the check is drawn, as well as its city and state, and saves your writing this out.

Don't draw a check of your own against funds from newly deposited checks until they've had time to clear—*e.g.*, until your bank has collected on them. This may take several days if the checks you've deposited are on banks located in far-off cities.

Other Bank Services

If you rent a safe-deposit box jointly with your wife, watch out for the kind of contract that says if one party dies the box will be sealed to the survivor. And remember, box rental is a legitimate income tax deduction. Ditto for a custodian-account fee.

Only the larger banks, as a rule, offer securities custodian service. Those that do so not only safeguard your securities, but collect and deposit your dividends and bond coupons, tender securities for redemption, accept and deliver certificates from and to your broker, etc. The bank does most of these things automatically, not bothering you for instructions.

Probably the most worth-while service you can get from any bank, though, is tangible help in a money emergency,* plus advice on almost any financial problem you can name. To qualify for this, select a sound bank, get to know one or more of its officers, and maintain a satisfactory balance. END

*See "Hints on Borrowing Money," December 1948 issue.

Specific for

vaginal trichomoniasis

"All patients became symptom-free and bacteriologically negative..."[1]

Now effective in

moniliasis

"Symptomatic cure was effected in about 80% and mycologic cure in about 50%..."[2]

DUAL INFESTATION

AVC IMPROVED

ALLANTOMIDE VAGINAL CREAM with 9-Aminoacridine

MONILIA

TRICHOMONAS

AVC (Allantomide Vaginal Cream) has long been accepted by clinicians as specific for the treatment of vaginal trichomoniasis. Investigators have unanimously reported it effective in 98-100% of cases.[3] With the addition of 9-aminoacridine, a new, potent antiseptic agent, AVC IMPROVED is capable of effecting mycologic cure in moniliasis.[2] Thus, AVC IMPROVED may be expected to provide relief in those stubborn cases of vaginitis which are due to mixed infections.

Available in 4 oz. tubes, with or without plastic applicator.

1. Horoschak, A., and Horoschak, S.: Jl. Med. Soc. N. J., 43:92. Mar., 1946.
2. Dill, L. V. & Martin, S. S.: Med. Ann. Dist. Col., 17:389, July, 1948.
3. Cacciarelli, R. A.: Jl. Med. Soc. N. J., 46:87, Feb., 1949.

The National Drug Company **Philadelphia 44, Pa.**

More than Half a Century of Service to the Medical Profession

the oral route is the simplest

For maintaining the edema-free state, here—at last—is truly effective oral mercurial diuretic therapy. One or two Tablets MERCUHYDRIN® with Ascorbic Acid daily (more when indicated) generally controls cardiac edema with

greater convenience · greater economy · greater safety

tablets **MERCUHYDRIN**

WITH ASCORBIC ACID

After parenteral therapy, your patient has been brought to unfluctuating basic weight. Then systematic oral therapy employing Tablets MERCUHYDRIN (brand of meralluride) with Ascorbic Acid may eliminate the need for injections entirely in mild decompensation. In more advanced cases, you can greatly reduce the number of injections required to maintain your patients free of edema.

Prolongation of the interval between injections simplifies management. The diuretic response is good, the tablets are well tolerated, the method is convenient, and the economy considerable.

Packaging: Tablets MERCUHYDRIN with Ascorbic Acid, available in bottles of 100 tablets. Each tablet contains meralluride 60 mg. (equivalent to 19.5 mg. mercury) and ascorbic acid 100 mg.

Lakeside Laboratories, INC.

MILWAUKEE 1, WISCONSIN

How I Index My Medical Reading

Try this simple system, says the author, if you want facts at your finger tips

• One day, about four years ago, I was asked to lecture on heart disease in pregnancy before the internes and obstetrical staff of my local hospital. I remembered an article that had some good sidelights on the subject, so I started wading through the journals in my office. Unable to find what I wanted there, I went into the basement where older issues were kept. One look at the stacks of dust-covered copies was enough. I gave up.

But I had learned a lesson. I resolved never again to waste valuable time scrabbling in dust heaps for half-remembered data. Next day I worked out a method of filing my medical reading systematically. It's really pretty simple:

When I want to save an article, I write the proper heading (plus subheading, if necessary) in the top right margin of the page on which it begins. I also put a check mark after the article's title in the table of contents. After completing an issue, I leave it in my outgoing correspondence box.

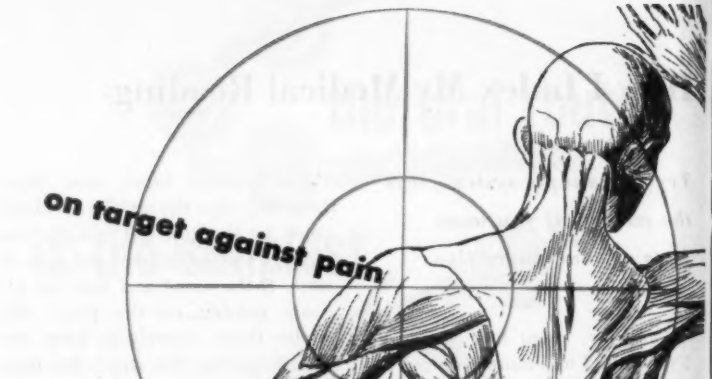
My assistant takes over from there. She clips the articles checked, notes in the top left margin the name of the publication and date of issue. If the name and date are already printed on the page, she circles them (merely to keep her from forgetting this step). She then staples the pages together, puts them in a letter-size folder bearing the same subject heading. The folder is filed alphabetically.

Reprints

Before she clips any item, she checks the back of the page. If it is part of another item marked for filing, she usually tries to get a second copy of the periodical. Or, if one of the items is short, she makes a typewritten copy of it. Often, when two articles are back-to-back on a single page, I ask the author of one for a reprint. (Incidentally, he's more likely to comply with the request if I write a letter—rather than a postcard—telling him why I want the article.)

What if information worth remembering turns up in my library reading? I then jot down a notation like this:

HEART DISEASE—Diagnosis; Brean, H. P., and others; "Massive Calcification in Infarcted Myocar-



on target against pain

arthralgen

arthralgesic unguent

Beamed directly at the affected area, the topical use of Arthralgen brings to a focal point the combined beneficial effects of rubefaction—analgesia—vasodilation.

ASSURED PENETRATION—A special ointment base containing selected wetting agents to lower surface tension, foster thorough deep skin penetration.

COMPOSITION—Arthralgen contains 0.25% metacholine chloride, 1% thymol, 10% menthol and 15% methyl salicylate, in a washable superabsorbable ointment base.

FIELD OF ACTION—Arthralgen has proved its value as adjunctive treatment in arthralgias, myalgias and neuralgias, including such typical disorders as sprains, lumbago, synovitis, bursitis, neuritis, myositis, sciatica, pleurodynia.

Penetration through the skin may be aided by massage, heat or iontophoresis.

Arthralgen is supplied in 1-oz. collapsible tubes and ½-lb. jars.

Whittier

LABORATORIES

Division Nutrition Research Laboratories, Inc.

Chicago 30, Illinois

dium"; Radiology 54:33 Jan. 1950.

If possible, I get a reprint. If not, my secretary types the reference on a sheet of paper (letter-size so it will be easy to spot), files it in the folder marked "HEART DISEASE—Diagnosis." References to material in books are handled in a similar manner.

One of my colleagues has his aide clip and classify articles, then pass them on to him for reading. I don't feel my assistant is experienced enough for that. And I doubt that it would save me time. I find that indexing while I read increases my efficiency because it keeps me from going off on tangents.

When a copy is clipped, it is thrown away—except for the Journal AMA, which I keep for two years, and the specialty journals, which I keep for five. Though I seldom look at them again, I like to save them just in case.

Subject Headings

My file now contains some fifty folders. In choosing subject headings, I follow the index of the Journal AMA pretty closely. Sometimes I supplement this list with headings from specialty journal indexes. Quite a few practitioners, of course, base their subject headings on those in the AMA's "Quarterly Cumulative Index Medicus: Subject Headings and Cross References."

Which list of headings you choose is obviously less important than sticking to your choice. My file would be utterly disrupted if, for example, I classified one article as "CARDITIS" and another covering the same subject as "HEART DISEASE."

You also have to be specific. An article on angina pectoris should be indexed under "ANGINA PECTORIS," not simply under "HEART DISEASE."

I've also learned to steer clear of catchall headings like "MISCELLANEOUS." They're a temptation, I admit. But they can put a crimp in the most efficient filing system.

Cross References

In cases where two terms are used interchangeably, such as adrenaline and epinephrine, I use only one folder. Under "ADRENALINE" I have a guide card that says, "See Epinephrine."

My file also gives me quick reference to subjects allied to the one I'm checking. For example, my "ARTERIOSCLEROSIS" folder carries the notation, "See also hypertension."

Subheads are necessary to keep folders from getting too bulky. They also make items easier to find. So I include subheads, where needed, when marking pages to be clipped.

If you use the indexing system described here, you can locate useful information in a matter of minutes. But remember, after you set it up, to stick to it. Better a modest index than one that's too ambitious to keep going.

—CHARLES MILLER, M.D.

New Relief in Hay Fever

Antistine-Privine
NASAL SOLUTION

A synergistic combination of an Antihistaminic and Vasoconstrictor

ANTISTINE-PRIVINE gives prompt, prolonged relief from allergic nasal congestion.

This new synergistic combination contains the effective antihistaminic, ANTISTINE, to block the congestive action of histamine, and the potent vasoconstrictor, PRIVINE, to shrink the nasal mucosa.

It has been established that "the decongestive action of ANTISTINE-PRIVINE on the allergic nasal mucosa in many instances appears to be more intense and prolonged than from either solution alone."[1]

PRIVINE is still available for use in those conditions where the antihistaminic component is considered unnecessary.

ANTISTINE-PRIVINE, aqueous solution of ANTISTINE hydrochloride 0.5%, and PRIVINE hydrochloride, 0.025%, in bottles of 1 fl. oz. with dropper.

DOSAGE: 2 to 3 drops in each nostril 3 or 4 times daily.

PRIVINE hydrochloride, 0.05% solution in 1 pint and 1 oz. dropper bottles for prescription; 0.1% solution reserved for office procedures, in 1 pint bottles only.

1. Friedlaender & Friedlaender: Amer. Pract. 2:643, June, 1948.

Ciba PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY

ANTISTINE® (brand of antazoline); PRIVINE® (brand of naphazoline) 2/1951M

Visit to a $50,000-a-Year Cultist

The author, a physician in a large U.S. city, was chatting recently with his younger brother. He mentioned the name of a local chiropractor who is reputed to see 100 patients a day and to be enjoying a $50,000 current annual income. The brother wanted to know: Is it true? And, if so, how does he do it? No answers were available, but he was sufficiently intrigued by the report to look into it more closely. He called on the chiropractor in person, seeking information on chiropractic as a career. Except for some necessary disguising of names and places, this is the true story of that visit.

• My brother Henry always wanted to be a doctor, but he balked at the four years in college plus four years in medical school. He then considered osteopathy as a short cut to a doctor's degree; but he gave that up, too, when he learned that even osteopathic colleges require a four-year course.

Meanwhile, he had heard that chiropractic could be learned in a year or two, with no nonsense about entrance requirements. So when I told him what I'd heard about the fabulous local chiropractor Pounder, he was off to interview him and get some pointers.

Here's Henry's story as I got it from him later:

Pounder occupied a prosperous-looking, two-story, white frame house. The broad lawns were well landscaped. A sleek new Buick poked its nose out of the driveway.

A card in the door said "Walk In"—and Henry did. The receptionist wore a crisp, white uniform but no nurse's cap. The waiting room was crowded. Every few minutes a buzzer rang and the receptionist motioned to one of the patients to enter the sanctum.

When it was Henry's turn, he walked into a large, rather bare treatment room. The practitioner was a trim, medium-built man, wearing a grey sharkskin suit and a quiet, checked tie. His ears were long and his flat nose suggested a caricature of an ex-pugilist.

The dominant piece of furniture in the room was the "high-low" table. A large chart of the human vertebral column decorated one wall. The desk was vast and neatly appointed. [*Turn page*]

Henry diffidently explained his mission. He hadn't realized that the practitioner would be so busy or he would not have barged in on him. However, he was seriously interested in chiropractic as a career and knew that Pounder was the community's leading disciple of that practice. When could he come in again and get some advice about the study and practice of chiropractic?

Injections, Phooey!

Pounder waved Henry to a chair. "It's all right, son; always glad to help a young man. Those patients can wait. They'll sit there till midnight if necessary. The relief they'll get will be *worth* a long wait. Just ask any one of them.

"Now tell me, son, what made you think of turning to chiropractic? Oh I know—you want to help sick people get well. That's what we do. And you don't want to put up with the medical trust. You don't want to use the human body as a pin-cushion with their injections for this and injections for that. You don't want to scratch people with extracts from sick cows or fuss around with serum from horses. That's the right attitude, son. I always like to see a young man with spirit like that."

Henry pried a word in. "Can a man make a good living at this? I see you're very successful; but can an ordinary fellow like me do it?

"No, an ordinary man cannot do it. But a fellow like you with the right spirit—he'll do all right. Of course you shouldn't go into chiropractic for the purpose of making a killing. Let the M.D.'s do the killing, I always say. Get it?"

Henry asked how many patients a day he saw. "Oh, about a hundred" was the answer. "I figure" said Pounder, "I can do eight or nine adjustments an hour. Some chiropractors allow only two or three minutes for a treatment, but that isn't fair to the patient. I give them time. Hardly ever take less than five minutes. Sometimes, if the subluxation is tough, I have to work

Clairvoyant

• A pediatrician friend of mine had been getting more than his share of telephone queries for free advice. The last straw was a mother who called him to report that four-year-old Johnny's skin was broken out. "What do you suppose it is, Doctor?" she asked.

"I don't know," he snapped. "Hold him up so I can get a better look."

—M.D., IOWA

on it for ten minutes before I get it reduced. Never let the patient off that table until you've got the subluxation back. That's my motto. Honesty is the best policy. I start at 9:00 in the morning and keep pounding until I get the last patient reduced. Sometimes I'm at it till midnight."

Henry asked about his fees. "My regular charge is $2 for an adjustment or three for $5. Some of the men in town issue cards good for twenty adjustments for $30. But I don't approve. That's mass production. Individualizing the patient is the secret of my success."

Even my brother Henry, who is not very good at figures, was able to estimate Pounder's gross income: close to $200 a day. Since he did not work on Tuesdays or Sundays, his weekly gross must be about $1,000. Office expenses were negligible. Pounder used no instruments and no equipment except the table and a spinograph. The latter is a small X-ray machine that, chiropractors say, is especially constructed to take "chiropractically true" pictures of the spine. These films show the trained chiropractor exactly which vertebra has become subluxated.

I once told Henry that a doctor has to spend a half hour or so taking a history of a new patient. He wondered how Pounder could afford the time. But that's where chiropractic theory and the spinograph come to the rescue:

It appears that all diseases are due to impairment of the nerve

Hamilton
Colortone
presents
The Nu-Trend Suite
illustrated in Greentone

Have you been reluctant to admit that your examining room equipment is now a little dated?...Have you been working in surroundings that never lift you up, always let you down?...Well, if you have, you may be like a lot of doctors who have been waiting for equipment that is somehow different, that is new.

Is *Colortone* what you've been waiting for, Doctor?

For Colortone *is* different.

Different in a delightful way, because Colortone retains all the richness of fine, selected wood grains, hand-finished to perfection by Hamilton craftsmen, but adds to this a wonderful warmth of color. Striking and distinctive, yet not at all intrusive, any of the four Colortone finishes blend beautifully with almost any color scheme...bring a soft, colorful note of life and graciousness to your offices.

Greentone

UPHOLSTERY  FINISH

Coraltone

UPHOLSTERY  FINISH

Ivorytone

UPHOLSTERY  FINISH

Bluetone

UPHOLSTERY  FINISH

Today is "one of these days"

If you have promised yourself that "one of these days" you'll make an investment in the Professional half of your life by re-equipping your examining rooms, what better time than now? The many exclusive work-designed features of a Hamilton Nu-Trend Suite will make your office day far more productive—the nerve-easing charm of Colortone will make your Professional life measurably more enjoyable.

FOR FULL DETAILS see your Hamilton Dealer or write direct to—

Hamilton
MANUFACTURING COMPANY
Two Rivers 19, Wisconsin

force flowing to the separate organs. The impairment is due to pressure on the spinal nerves. The pressure is caused by subluxations.

So it is that the time needed to take a history is automatically reduced. For without asking a single question, the practitioner already knows the basic trouble is subluxation. The spinograph then locates the offending vertebra and treatment can begin at once. Nor need the chiropractor bother or embarrass the patient with intimate or impertinent questions.

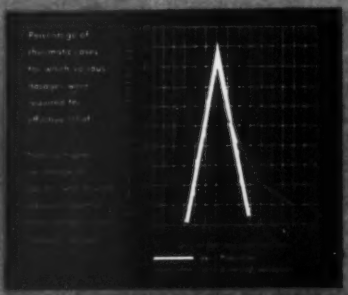
What does it cost to set up an office? Pounder estimated that you could equip one for $2,000. This would cover the high-low table and the spinograph, but not a neurocalometer. This is a gadget that demonstrates electronically just what nerves are impaired. The chiropractic brethren are not in agreement as to its value. [*Turn to* 133]

Cartoons

¶ The caption for the cartoon on page 159 was contributed by a practicing physician. Can you think of a gag line for this cartoon or for any other cartoon appearing in this issue? MEDICAL ECONOMICS will pay $10.00 for each caption accepted, or for any original cartoon idea with a medical slant. Address Medical Economics, Rutherford, N.J.

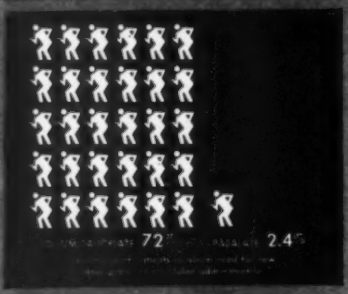
PABALATE®

...a practical ... with demonstrated ... clinical ...



CLINICAL EFFICACY ✓

of Pabalate therapy is indicated by the higher percentage of rheumatic patients reporting adequate relief on lower dosages, than with sodium salicylate.*



PROLONGED (24 HOUR) RELIEF ✓

from pain is afforded by Pabalate whereas 72% of those receiving pure salicylate in a clinical test required additional dosages, 8 to 18 hours before date.*

COMPLETE FREEDOM FROM TOXICITY ✓

in the remarkable record made by Pabalate in a clinical series of 185 patients. 55.2% of these same patients displayed symptoms of toxicity when taking sodium salicylate.*


Experien
ntirheu
eliabilit
ombinat
cid.[1,2,3,
ot only
elief,"[4]
lone) ca
rom toxi
INDICA
cute rheu
also reco
ntipyretic
FORMU
one teasp
alicylate,
as the sod
SUPPL
100 and
REFERE
Beckman,
Co., Phila
Belisle, M
Dry, T. J.
Rosenblum
65:178, 19
Salassa, R.
Smith, R.
A. H. RO
PA
XUM

...antirheumatic superiority...

The greater efficacy of this preparation is clearly manifested when one considers that whereas only sixty-eight per cent of the patients got relief from 0.6 Gm. doses of sodium salicylate, ninety-two per cent got equal relief on the same dosage of sodium salicylate in the form of Pabalate, probably because of its para-aminobenzoate component. Toxicity was not reported by any of the patients during the administration.

Journal-Lancet
70:192, 1950

Experience in the administration of the antirheumatic Pabalate confirms the efficacy, reliability and safety[6] of its synergistic combination of salicylate and para-aminobenzoic acid.[1,2,3,4,5] Pabalate has been reported not only to provide "twenty-four hour pain relief,"[6] but its use (unlike that of salicylate alone) carries a high degree of freedom from toxic reactions.[6]

INDICATIONS rheumatoid arthritis, fibrositis, acute rheumatic fever, gout, osteoarthritis. The Liquid is also recommended as a replacement for analgesic-antipyretic medication generally.

FORMULA each Pabalate Tablet or each 5 cc. (one teaspoonful) of Pabalate Liquid contains sodium salicylate, U.S.P. (5 grs.) 0.3 Gm., para-aminobenzoic acid (as the sodium salt) (5 grs.) 0.3 Gm.

SUPPLIED Pabalate Tablets are supplied in bottles of 100 and 500; Pabalate Liquid in pints and gallons.

REFERENCES

1. Beckman, H.: Treatment in General Practice, 6th ed., W. B. Saunders Co., Phila., 1948.
2. Behile, M.: Union méd. du Canada, 77:392, 1948.
3. Dry, T. J. et al.: Proc. Staff Meet., Mayo Clin., 21:497, 1946.
4. Rosenblum, H. and Fraser, L. E.: Proc. Soc. Exper. Biol. & Med., 65:178, 1947.
5. Salassa, R. M., et al., J. Lab. & Clin. Med., 33:1393, 1948.
6. Smith, R. T.: J. Lancet, 70:192, 1950.

A. H. ROBINS CO., INC., Richmond 20, Va.

Ethical Pharmaceuticals of Merit since 1878

PABALATE®

Robins

The data for these graphs are derived from the tabular material accompanying "Treatment of Rheumatoid Arthritis and other Rheumatic Conditions with Salicylate and Para-Aminobenzoic Acid: Report of 135 patients." by Richard T. Smith, J. Lancet, 70:193, 1950.

Pounder has been in practice about 25 years. In that time, he has worn out two tables. Even his third table is now showing signs of fatigue, which—since it goes up and down a hundred times a day—is not surprising.

Some chiropractors make house calls, but most of them don't like to. The kitchen table is not well suited to the usual manipulations. Pounder makes no house calls whatever; and with his $50,000 a year income, he doesn't have to.

Asked whether M.D.'s ever sent him patients who needed readjustment, Pounder bent over with an air of confidence: "Between us, son, they sometimes do. Of course they won't admit it, because that AMA trust holds a club over their heads. As a matter of fact, I know darn well that some M.D.'s come to me for treatment themselves. Since they live in fear of their own Gestapo, they give their occupation as something else. But I can tell from the scientific way they look at my equipment and from the kind of questions they ask that they are professional colleagues—even though I never, of course, let on.

"Kind of foolish of them, though, because if they'd come right out and admit it, I'd give them a substantial professional discount. Only fair—one doctor to another you know. That's ethics. But if they want to conceal their profession, naturally I don't embarrass them by offering the discount."

One of the oddities of Pounder's office is the absence of a sign. He says he doesn't need one—everybody knows him. And from the traffic in his waiting room, this would appear to be true. Unkind persons have sometimes alleged that the absence of a sign is insurance against prosecution for violation of the medical practice act. For in some states, one of the determinants of whether a healer holds himself out as a doctor is whether the sign is so inscribed.*

Male Midwives

Henry asked whether chiropractors ever refer patients to M.D.'s. In spite of the way the physicians had treated him, Pounder was apparently big enough to hold no grudge. "Yes, I see some use for medicine doctors. They make good bone-setters if you have a fracture. I admit I called one in as a male

*In such states if the sign reads "John Smith, D.C." and the operator has a chiropractor's license, he's probably in the clear as long as he confines his activities to chiropractic. But as a practice-builder, the D.C. nameplate may be unsatisfactory since many people don't know what the initials mean. Some solve the problem by having the sign read "Dr. John Smith," the justification being that the degree means "Doctor of Chiropractic," and that they are as entitled to the "doctor" prefix as a Ph.D. or a D.D.S. Another method is to obtain an M.D. from a mail-order school then use those initials along with the D.C. While such an M.D. confers no right to practice medicine, it does give the practitioner a color of title to the use of the letters M.D., while his chiropractic license protects him as long as he limits himself to whatever the law defines as chiropractic. This method has an added advantage: It lets the patient assume that here is a regular M.D. who studied both medicine and chiropratic and who had so much faith in the latter that he elected to limit his practice to it.

midwife when my wife had her baby. As a matter of fact, I'd advise you to keep a couple of M.D.'s as friends. They come in handy for surgery and obstetrics. Sometimes, to please the family, it is advisable to call one in as a consultant. You never know when an M.D. friend might turn out to be right helpful. Some of these M.D.'s, you know, are pretty bright fellows."

So Henry went home to think it over. He knew that *my* gross income was about $11,000, and he knew how many years I had to go to school and college and spend in hospital residency before I could earn a dime. He contrasted my $11,000 with Pounder's $50,000. I expect him to send for a chiropractic college catalogue any day now. But then, my brother Henry always was in need of readjustment anyway. END

Don't Be a Brachiopod

by Roy Eastman

● I have just been reading in a book of science about the brachiopod. Until a few minutes ago I had never heard of the thing.

Makes a swell heading anyway, doesn't it?

Well, a brachiopod, I learn, is a molluscan type, also known as a "lamp-shell." (I'd never heard of "lamp-shells" either.)

The thing most characteristic of it is that it hasn't changed for millions of years and probably won't change for millions more. It is practically the same in the seas of today as it was in the earliest of geological times.

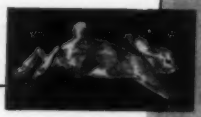
First thing I said to myself upon reading this was, "Gee, I know a lot of people like that." Then I stopped to think, no I really don't—at least I've never known many of that kind in the practice of medicine.

Now, I don't know anything about the brachiopod and still I know a lot. I know how he got that way. Or rather, why he didn't get any other way.

He just didn't want to. Here I find myself presuming on the gender. Maybe the thing didn't even get so far as to have a gender!

[*Turn page*]

why let healing drag on and on and on . . .



in **BURNS**
slow healing **WOUNDS**
ULCERS
(decubitus, varicose, diabetic)

renew vitality of sluggish cells

stimulate healthy granulation

accelerate smooth epithelization[1] *with*

Desitin®

OINTMENT

the external cod liver oil therapy

PROTECTIVE • SOOTHING • HEALING

℞ **Desitin Ointment is a stable blend of crude cod liver oil (with unsaturated fatty acids and vitamins A and D in proper ratio for maximum efficacy), zinc oxide, talcum, petrolatum, and lanolin. Minimizes scarring; dressings easily applied and painlessly removed. Tubes of 1 oz., 2 oz., 4 oz., and 1 lb. Jars.**

Send for SAMPLES and new clinical reprint

Desitin CHEMICAL COMPANY
70 Ship Street, Providence, R. I.

1. Behrman, H. T., Combes, F. C., Bo[illegible]rt, A., and Leviticus, R.: Industrial Med. & Surg. [illegible]612, 1949.

What I mean is that the brachiopod was too content with its lot. It had no ambition. Discontent is the father of ambition. Ambition in turn is the parent of evolution.

Nobody gets anywhere in this world without wanting to. Nobody wants to unless he is discontented with what he is or what he is doing.

If the brachiopod had said to himself even so short a time ago as a million years, "I want to be something else," and then had done something about it, today he might even be a sailfish.

That may not be good science but it *is* good psychology.

At that, the brachiopod has it all over us humans in one significant respect. He could stop where he was and stay put. We can't.

Oliver Cromwell said, "He who stops being better, stops being good." Between progress and retrogression there are no alternatives. Try standing stock still for an hour. You'll never want to try it again.

Pity the man who ever says of himself or his practice, "I am holding my own." Pity him because he's slipping but doesn't know it.

There's no penalty for slipping provided you know it and are possessed of the will to forge ahead again. Most progress is by a zigzag route, but you've got to zig more than you zag. END

"I wonder if all those questions were part of the examination or if he was just curious?"

Are X-Ray Fees Too High?

Opinions differ sharply on what constitutes a fair charge for a chest film

• "As general practitioners know only too well, it is the *extra* medical services that work hardship on many patients—such things as X-rays, surgery, and hospitalization.

"In my opinion, the AMA should study these charges and bring its influence to bear in having them scaled down.

"My radiological and surgical friends will no doubt shout to the rooftops; but I submit that the average layman will be receptive to socialized medicine propaganda as long as he is charged eleven or twelve dollars for a chest X-ray that seldom costs more than 35 cents."

The author of the above—"M.D., Pennsylvania" [Speaking Frankly department, May MEDICAL ECONOMICS]—was indisputably right on one point: Many of his colleagues have indeed shouted to the rooftops, or at least to the editors of this magazine, voicing sentiments both pro and con. The cons outnumber the pros about nine to one, and their protests pretty much parallel that of Dr. Paul W. Roman, Baltimore, who said in his letter:

"If there is a doctor who can produce a chest X-ray for 35 cents, I will personally refer all my patients . . . to him and pay for their transportation.

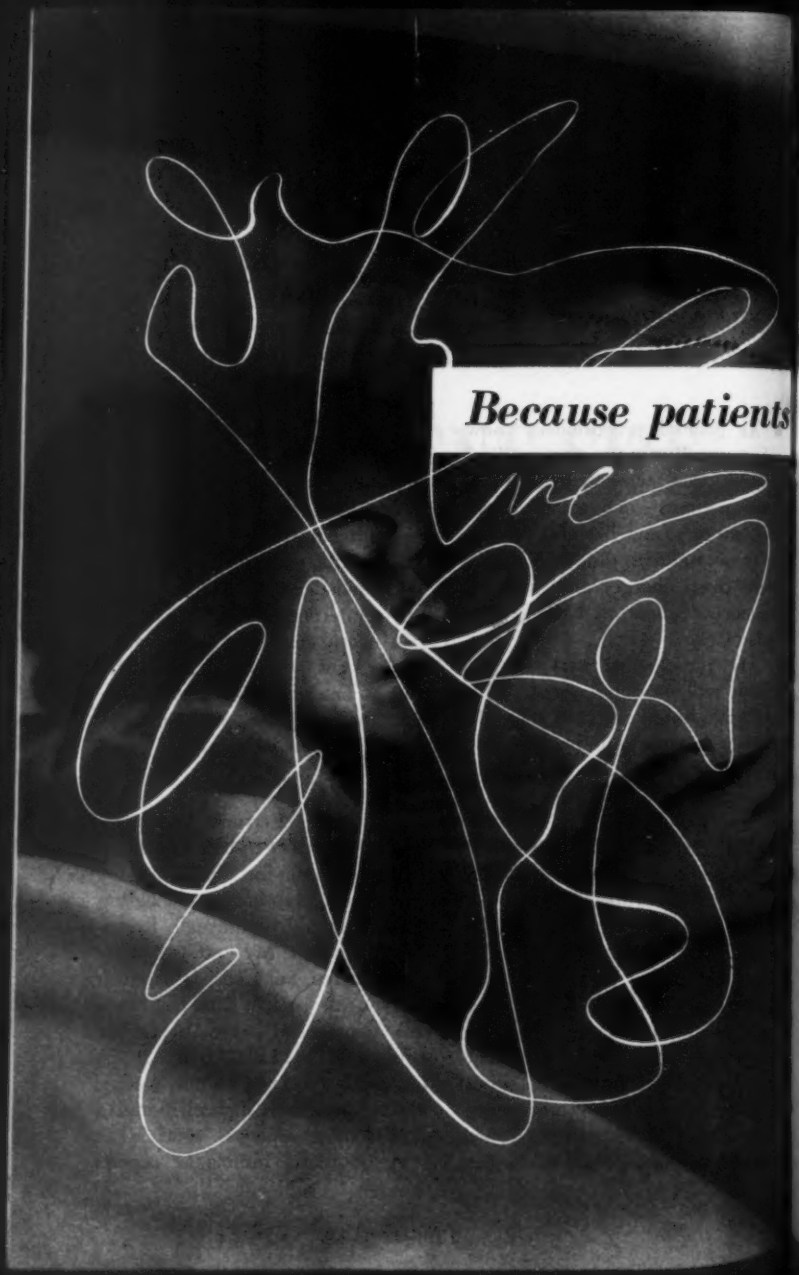
"A single 14" x 17" film costs about 65 cents. What should be the additional charge for the technician's salary; the solutions; the cost of equipment, rent, telephone, etc.? What is the value of the training and knowledge of a specialist qualified to interpret the X-ray?

"Modern medicine is expensive. But let's not confuse the issue. The issue is one of enabling people to meet those expenses without making them financial cripples."

Cost Breakdown

Dr. Joseph Ferrucci, Framingham, Mass., cites cost figures in addition to those for film: "My fee for a chest examination, including P.A. and lateral (and usually fluoroscopy), is $15. My cost is exactly half that fee. Such cost is based in part on the cost of film ($1.60 in this case), the original cost of equipment ($13,000 to $16,000), technical assistance ($60 a week), a secretary ($40 a week), and a host of other expenses."

A Louisiana radiologist reports


Because patients

can't **"SLEEP OFF"** ***hypertension...***

prolonged vasodilation is as essential at night as during the day. (One more reason why NITRANITOL is the most universally prescribed drug in the management of hypertension.)

NITRANITOL®

FOR GRADUAL, PROLONGED, SAFE VASODILATION

Merrell
1828
CINCINNATI • U.S.A.

When vasodilation alone is indicated. *Nitranitol.* (½ gr. mannitol hexanitrate.)

When sedation is desired. *Nitranitol with Phenobarbital.* (½ gr. Phenobarbital combined with ½ gr. mannitol hexanitrate.)

For extra protection against hazards of capillary fragility. *Nitranitol with Phenobarbital and Rutin.* (Combines Rutin 20 mg. with above formula.)

When the threat of cardiac failure exists. *Nitranitol with Phenobarbital and Theophylline.* (½ gr. mannitol hexanitrate combined with ¼ gr. Phenobarbital and 1½ grs. Theophylline)

that "where there is an adequate and well-trained technical and secretarial force to handle peak loads and return reports promptly, expenses run well over 50 per cent of gross. It would shave costs [a little] if patients could be examined at our convenience rather than theirs . . . and if reports could be allowed to accumulate until it was convenient to type them."

$6.25 a Patient

Donald M. Long, Coos Bay, Ore., physician, charges half his nurse's salary against the cost of operating his "average size X-ray," figures his total outlay at $375 a month. "I take pictures for two other doctors, average sixty patients a month. This gives a cost per patient of $6.25. Surely when one considers all the other costs involved, ten or twelve dollars for a chest film is not too far from correct."

Other reactions:

¶ "Let 'M.D. Pennsylvania' compare [the cost of X-ray equipment] with the cost of his stethoscope, for which [he paid] only about $2 and for which he collects at least $2 every time he uses it." (M.D., Brooklyn)

¶ "Obviously the gentleman is misinformed. We doubt that he has any 'radiological or surgical friends.'" (M.D., California)

¶ "The correspondent presented what at first seemed a good case. But it all went awry in that 35-cent remark." (M.D., New Jersey)

A somewhat different slant comes from Dr. Philip Brown, chief attending in radiology at the North Country Community Hospital, Glen Cove, N.Y. Although "M.D., Pennsylvania's" 35-cent statement "deserves immediate refutation," says Dr. Brown, "I agree that charges for X-ray examination are too high. I believe $7.50 is a reasonable charge and can be justified by cost accounting.

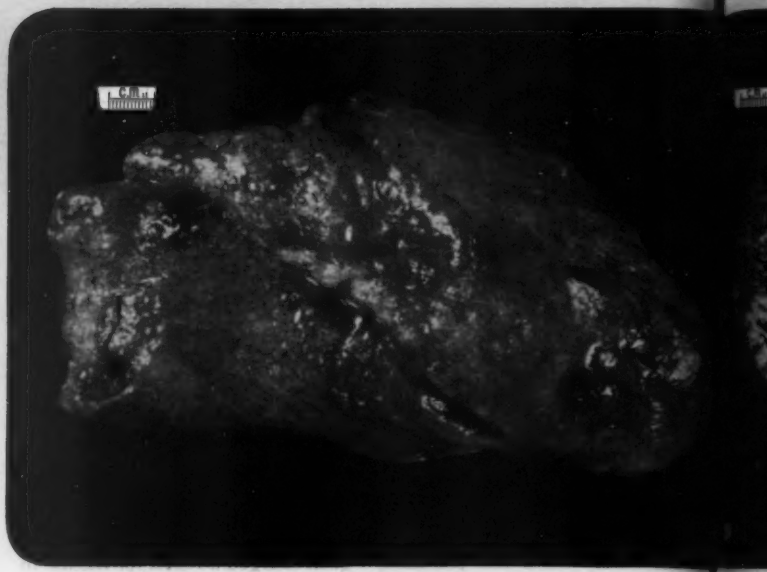
"Why are charges made by hospitals, and especially by private radiologists, so high?

Subsidy for Surgeons

"At most hospitals in the northeastern United States the X-ray department is used to defray the expenses of obstetrical and surgical operating rooms. Why isn't the surgeon charged a rental for the use of O.R. facilities, perhaps by the hour or the operation? Radiologists are charged high rental for the use of the X-ray department. Surgeons and obstetricians should also pay their way. Then it would be possible to reduce X-ray rates . . .

"I believe a man who specializes should expect a better income than a general practitioner. But I agree with 'M.D., Pennsylvania' that the costs of surgery, obstetrics, X-ray, and, to a degree, clinical pathological work are the prime force behind the move toward Government in medical practice . . .

"If the responsible groups made some *real* sacrifice, we might be able to preserve our free enterprise system." END



Picture the patient ...*Routine proced*

Here are instruments ideally suited to the widening demands of medical photography.

Exactly framed, needle-sharp pictures are routine with the new Kodak Flurolite Camera Combination and the Kodak Flurolite Enlarger assembled for photographing gross specimens . . . thanks to the revolving swing back, the easy adjustments, the long bellows draw.

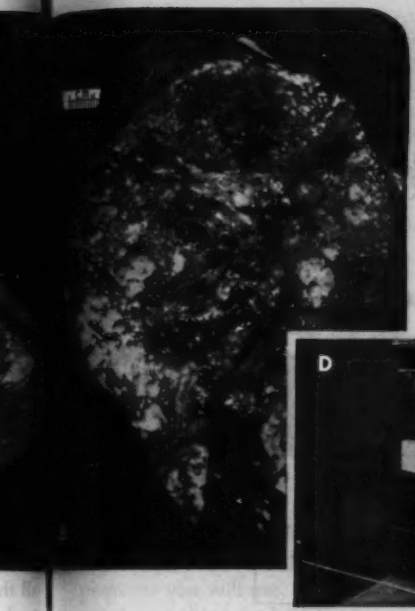
The Camera Combination uses 2¼ x3¼-inch sheet film . . . can easily be converted to accept 35mm film. Interchangeable color-corre Kodak Ektar Lenses in Flash Su matic Shutters assure brilliant sults—black-and-white or full-c . . . flood or flash.

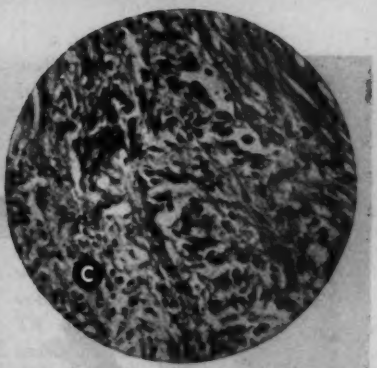
Additional uses of the Kodak Flurolite larger (with accessories): Copying, making, cine-titling, photomicrogra and microfilming.

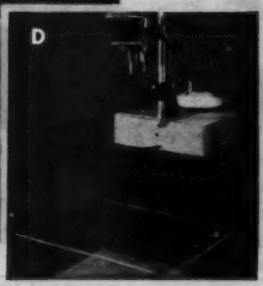
See the new Kodak Flurolite Ca Combination and Kodak Flurolite Enla at your Kodak dealer's . . . or write further information. Eastman Kodak C pany, *Medical Division*, Rochester 4, N

Kodak
medical
X-ray film
screens;
electroca
and film;
motion-pi
—still- a
enlargers
photograp
black-and
nfrared);
photograp
chemicals
chemicals
equipment

Serving medical pr





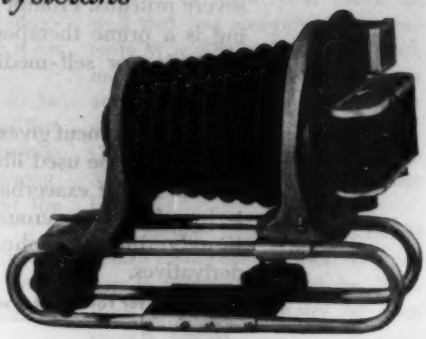


Reproductions **A** *and* **B** *show gross aspects of diseased lung after pneumonectomy. Reproduction* **C** *shows photomicrograph made from histological section of affected lung. Reproduction* **D** *shows setup of Kodak Flurolite Enlarger fitted with Camera components for the photography of gross specimens.*

oced with more and more physicians

Kodak products for the medical profession include:

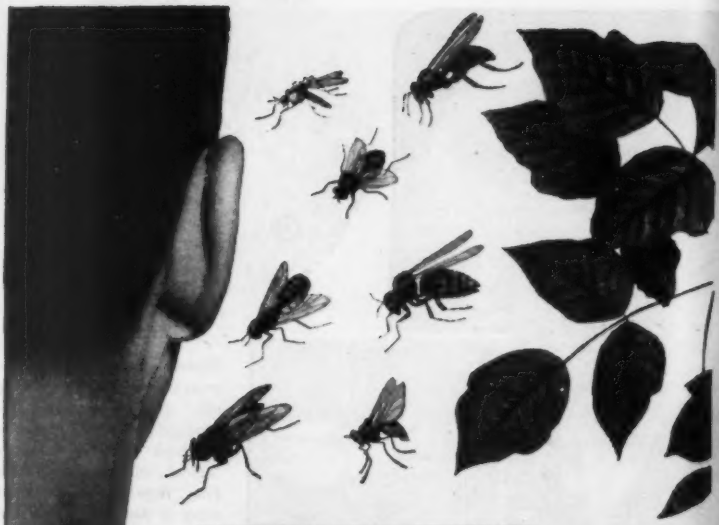
X-ray films; x-ray intensifying screens; x-ray processing chemicals; electrocardiographic papers and film; cameras—still- and motion-picture; projectors —still- and motion-picture; enlargers and printers; photographic film—color and black-and-white (including infrared); photographic papers; photographic processing chemicals; synthetic organic chemicals; microfilming equipment and microfilm.



Kodak Flurolite Camera Combination with Kodak 35mm Film Adapter A.

Photography and Radiography

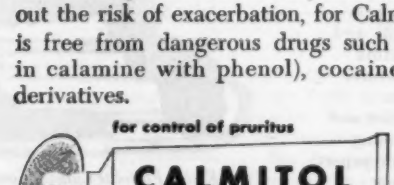
Kodak



massed attack

Poison ivy and many insects are notorious causes of severe pruritus. Prompt and safe control of the itching is a prime therapeutic need, for the patient's scratching or self-medication can lead to serious sequelae.

Calmitol Ointment gives relief directly upon application. It may be used liberally and repeatedly without the risk of exacerbation, for Calmitol Ointment is free from dangerous drugs such as phenol (as in calamine with phenol), cocaine and cocaine derivatives.



Active Ingredients:
Camphorated chloral
Hyoscyamine oleate
Menthol

Thos. Leeming & Co. Inc. 155 E. 44th St., New York 17, N.Y.

Use Pictures When You Talk

[*Continued from* 73]

on the spot with the aid of crayons and a special type of inexpensive celluloid available at projection supply houses. These "homemade" slides are placed right on the projection platform, just as any others would be. The machine, complete with overhead projector attachment, costs about $150.

Showing Slides

Some suggestions on how to present slides:

¶ Unless you're familiar with the projector you will use, arrive early, test the machine, and set the focus.

¶ Have several spare projector bulbs on hand in case one burns out. Have an extra fuse and someone on hand who can replace it for you if necessary.

¶ If the house lights are to be dimmed, turn on the projector first with the opening picture in the machine. Then, if anything is wrong, you won't have to fumble in the dark.

¶ Be sure no one in the audience is out of sight range—that is, farther from the screen than six times its width.

¶ Don't show too much material on a single slide. If you must run text on a picture slide, give your audience enough time to read it. It's a good idea to take a dry run of your presentation beforehand to determine just how long to show each slide.

Got a lot of statistics? Don't worry about their being dull, as long as you dramatize them. That's where charts come in. Whether your source material is a graph of TB statistics or a table showing seasonal fluctuations in the incidence of polio, professional chartmakers can simplify it and make it inviting.

Chart costs run ordinarily from ten to fifty dollars, depending on the artwork. Allow about ten days for production. Mechanically, the easiest to handle are those of cloth or paper, mounted on an easel. A 22″ x 33″ page flips over without any fuss, once you get the knack.

How to Use Charts

¶ Get to know your charts so well that you recognize their contents at a glance. Light, penciled, marginal notes (invisible to your audience) will help you remember what you want to say about each. Or you can keep your notes on 3″ x 5″ slips that fit the palm of your hand.

¶ Practice handling the charts before taking the platform. Clumsiness in turning them can be disastrous to the continuity of your speech.

¶ Be sure the charts are well lighted.

¶ Show them one at a time; keep

the next one covered until you're ready to talk about it.

¶ Vary the introduction to each. The speaker who keeps repeating, "This chart is intended to show . . ." will generate more yawns than interest.

Draw It Yourself

Sometimes you'll want to add an extra note of emphasis to something you're saying. Perhaps a figure you quote needs to be stressed. Or maybe you can get an idea across to your audience more easily by way of symbols. You don't have to be an artist or a draftsman to provide them. It's very simple—and very effective—to draw them, as rough as you please, while you're talking.

All you need are colored crayons and a large pad of paper, say, 2' x 3', mounted on an easel. You can get these at most artists' supply stores.

Far from being elaborate, your drawings should reduce your ideas to their simplest components. For example: In demonstrating an electro-cardiograph, one medical speaker sketched a rough outline of a heart and drew several curves to indicate the action. Another, stressing the decrease in mortality from meningitis, merely wrote down the comparative yearly statistics in big figures; bold, plunging strokes stressed the downward trend.

Should something more involved be required, the drawing can be made in light pencil beforehand; then you need only casually trace over the lines while your audience watches in rapt silence. A little practice will heighten the illusion of your talent.

In selecting the various tools that are best for your visual talk you'll find the slide or opaque projector probably has the greatest flexibility for detailed presentations. Charts shine brightest when it comes to dramatizing figures. Pad and crayon are best for short speeches that seek to state a complex idea simply and briefly.

Properly handled, any of the four can drive your points across with stepped-up pace and punch. END

No Happy Return

● I was preparing my bills at the end of the month and came across an account that had been outstanding just one day short of twelve months. Making out a new statement, I added a postscript: "Tomorrow this bill will be a year old." Next day back it came, with a notation from the patient: "Happy Birthday!"

—M.D., NEW JERSEY

Making the most of what you have or:

Half of knowledge is knowing where to find it!

THIS IS THE SECTION

in your

PDR

the up-to-date index to ethical drugs

...a wealth of practical information well-organized for handy reference. Just glance at ...of contents p. 600 a moment or, better still, open your PDR and thumb through this

PDR—Physicians Desk Reference

...ISHED BY *MEDICAL ECONOMICS, INC.*, RUTHERFORD, N. J.

TYREE'S

ANTISEPTIC POWDER

hygienically effective
professionally preferred

because . . .

. . . nearly every woman patient at some time needs the *assurance* of a *professionally recommended* douche powder, TYREE's Antiseptic Powder is promoted only ethically.

For routine hygiene, TYREE's Antiseptic Powder brings cooling, soothing comfort. Its detergent action cleans thoroughly. Its low pH helps restore and maintain the normal acid pH of the vagina.

In most common vaginal infections this powerful but gentle antiseptic tends to overcome many of the usual pathogenic invaders. At the same time, its astringent properties help combat excessive flow, and thus act as an effective deodorant.

For your next patient who needs effective, non-irritating therapy, prescribe TYREE's Antiseptic Powder. Write today for a free professional sample.

FORMULA
MENTHOL
THYMOL
EUCALYPTOL
PHENOL
BORIC ACID
SALICYLIC ACID
ZINC SULFATE (Dry)

TYREE'S ANTISEPTIC POWDER

In bottles of 2 oz. 4 oz. 8 oz.

J. S. TYREE, CHEMIST, INC.
15th and H Streets, N.E., Washington 2, D.C.
Makers of CYSTODYNE, a Urinary Antiseptic

She Helps Doctors Set Fair Fees

[*Continued from* 79]

many newcomers. They worked in shipyards, chemical plants, factories. Some had lots of money in the bank; others had none. In such cases, doctors found it difficult to scale their fees properly. So they turned to their medical society for help.

Enter the Social Aide

Help arrived on Feb. 1, 1949 in the person of Muriel B. Hunter. A graduate of the University of California School of Social Work, she'd put in six years of hospital clinic service. The medical society installed her in a back office and gave her the go-ahead. "We had to feel our way along," says an ACMA officer," because, to the best of our knowledge, we were the first medical society in the country to engage a full-time social service consultant."

Each month some fifty or sixty patients drop around to Mrs. Hunter's office. Most are middle- or low-income people who need examinations, treatments, specialist referrals, or perhaps hospital or nursing care. "There are plenty of sick people," says Mrs. Hunter, "but there are also plenty of doctors to treat them. My job is to bring doctor and patient together, at terms agreeable to both."

She turns this trick by chatting amiably with each patient for as long as an hour. She asks about his family, social, and health problems. She encourages him to talk about income, savings, expenses, obligations. She helps him work out the amount he can earmark monthly for medical care.

Mrs. Hunter then relays this information to the patient's physician. "I don't advise the doctor what he should charge," she says. "I simply give him a full report on the patient's circumstances. But if the report shows the patient can pay only $15 a month for medical care, the doctor's monthly charges will nearly always be within that limit."

Referral in Reverse

One-fourth of the people she sees are referred by practicing physicians. For example:

An Oakland surgeon had a woman patient—call her Mrs. Douglas—who needed two major chest operations. Though Bill Douglas earned $75 a week, he was already $200 in debt to the doctor. He didn't see how he could pay for more surgery. The surgeon sent him to Mrs. Hunter.

She helped him draw up a detailed monthly budget—something the Douglases had never had before. It showed they could pay $40 a month for medical care without undue hardship.

When the surgeon got Mrs.

SIDE EFFECTS

Can they be erased... from effective relief in Bronchial Asthma?

Yes, there now *is* a therapy—Nethaprin—that gives prompt, symptomatic relief in asthma and associated allergic conditions, *and also is essentially free from the undesirable side actions of ephedrine.*

Clinical tests show Nethaprin can be expected to provide effective relief . . . increased vital capacity . . . better feeling of well-being. Yet its bronchodilator, Nethamine, "produces no noticeable pressor action."[1]

NETHAPRIN®

SYRUP **CAPSULES**

Each 5 cc. or capsule contains: Nethamine® Hydrochloride 25 mg., Butaphyllamine® 60 mg., Decapryn® Succinate 6 mg.

When Phenobarbital is preferred to the antihistamine, prescribe NETHAPHYL®—in convenient capsules. In regular or half strength.

Merrell
1828
CINCINNATI • U.S.A.

[1]Hassel, F.K.: Ann. Allergy, 5:197, 197

Hunter's report, he voluntarily canceled the due bill of $200. He offered to do both needed operations for $500, paid in $40-a-month installments. The offer was promptly accepted.

Red Cross Referral

About one-third of Mrs. Hunter's cases are referred by health or social agencies. For instance:

Mrs. Thompson, a veteran's widow, took her problem to the Red Cross. Her daughter needed a tonsillectomy, and she didn't know where to turn. "Private care is so expensive," she thought.

When Muriel Hunter got the case, she found that family living expenses totaled only $115 a month. Family income was $130 a month. The difference was enough to establish a time-payment arrangement with one of the best ENT men in town.

The remaining people on Mrs. Hunter's docket—about 40 per cent—come in of their own accord. Some hear about the service through friends; others, through magazine or newspaper publicity; still others, through druggists and such.

Oldsters Aided

Consider the case of George Harrington. He's one of California's old folks, still hale and hearty at 88. He has no property, no savings, no relatives. But he's enjoyed private medical care all his life and still wants to pay his own way. When he reads about the Alameda social service plan, he wonders if he can stretch his $75-a-month pension to finance treatment of a lingering skin irritation.

Mrs. Hunter balances his books for him. Incredibly enough, he has a monthly leeway of $5. A quick phone call to an Oakland physician, and the appointment is made. Mr. Harrington exits smiling.

When she's not interviewing people from outside sources, Muriel Hunter does case-work for medical society committees. This puts her in touch with the doctors' collection agency, blood bank, and grievance committee, among others. In the latter field her work has proved particularly useful.

When Patients Complain

Recently, for example, she was asked to look into a complaint filed against an ACMA member. In checking with the family, Mrs. Hunter turned up these facts:

Two asthmatic children had been under treatment for two years. The family had paid the doctor $1,100, denying themselves all recreation and dropping some life insurance to do it. Then the father lost his job.

When he got part-time employment, treatments were resumed. But pretty soon the unpaid doctor bills amounted to $600, and the family was threatened with attachment of the husband's wages.

Confronted with this information, the ACMA grievance committee cracked down. Result: The doctor

novalene*

quick and effectiv

symptomatic relief of hay fever and asthm

Prompt relief without any side reactions is the goal in any hay fever therapy. That's why NOVALENE, despite the advent of the antihistaminics, has grown as a favored prescription among allergists and physicians everywhere. Extensive clinical use has proved its value . . . proved that its combination of four recognized medicaments are of definite aid in combatting the associated symptoms of hay fever.

safe . . . without undesirable side reactions!

NOVALENE presents no problems of drowsiness, vertigo, nervousness nor any of the other undesirable side reactions which may occur with the administration of any of the antihistaminics. It's SAF . . . and it is outstandingly effective! T NOVALENE yourself . . . try it with y next hay fever patient and see what it c do in bringing prompt and lasting sym tomatic relief.

NOVALENE is also valuable in the sym tomatic treatment of bronchial asth and related respiratory disorders.

formula:

Each NOVALENE Tablet contains:

Ephedrine Sulfate U.S.P.	0.025 Gm. (¾
Phenobarbital U.S.P.	0.015 Gm. (¼
Potassium Iodide U.S.P.	0.15 Gm. (2½
Calcium Lactate U.S.P.	0.15 Gm. (2½

*Reg. U. S. Pat. Office

PROFESSIONAL DRUGS, INC. • SELLERSVILLE, P

Division of Lemmon Pharmacal Co.

canceled the unpaid balance of his bill. Meanwhile, through Mrs. Hunter's office, the children were referred to county facilities for treatment—until the family could get back on its feet financially.

Similar check-ups are made in hardship cases uncovered by the society's collection agency. Explains Rollen Waterson, ACMA executive secretary: "To put real meaning into our published pledge, we have to be able to adjust payment for past medical care, as well as payment for current needs."

Few Free Rides

Of all the patients Muriel Hunter sees, only 10 per cent turn out to be no-pay cases. Some of these are treated by private physicians; others are routed to county facilities. The remaining 90 per cent of her cases break down this way:

Part-pay arrangements	40%
Full-pay arrangements	25%
Payment not a problem	25%

Some callers in the last-named group are worried about family troubles. Others seek to meet special health needs. Mrs. Hunter gives them all the same personal guidance. In a typical week, she may help an unmarried mother made distraught by her plight; an elderly couple who need nursing-home advice; a young father who seeks aid for his crippled child; a mother asking what can be done with her mongoloid son.

Some callers try to get reduced-rate treatment they aren't entitled to. Here's where Muriel Hunter protects the doctors as well as the patients. For though the conversation stays cordial, she isn't fooled.

Hidden Assets

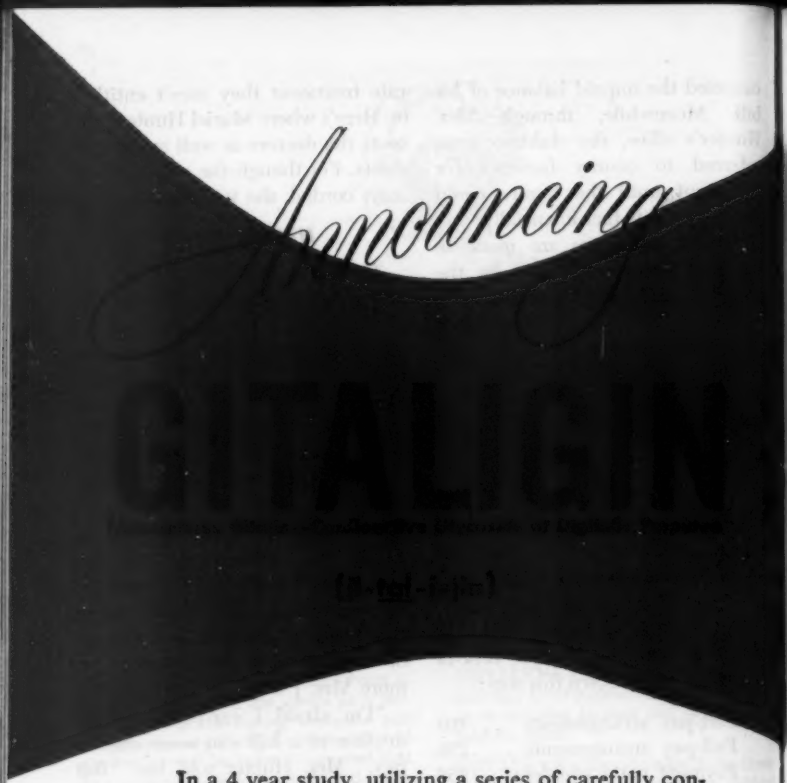
Take the case of Mrs. Janeway. She wanted an eye examination for her daughter. The family income, she said, was "only $750 a year from a small business." But a few minutes later, she mentioned that their living expenses totaled $2,000 a year. "How do you make ends meet?" asked Muriel Hunter politely.

Mr. Janeway, it developed, received a $125-a-month pension from a previous job, plus some insurance benefits. The family owned their own home and had savings of more than $1,000—how much more Mrs. J wouldn't say.

"I'm afraid I can't ask for reduction of a bill you seem able to pay," Mrs. Hunter told her. "But if any unusual expenses arise, I'll be glad to talk with you again."

When working out a patient's budget, she keeps a careful watch for figures that don't jibe. If any doubts arise, she checks with the ACMA credit agency or with the patient's employer. Nearly always, though, the budget-balancing shows up any deception on the patient's part—as witness the case just cited.

What do the doctors think of all this? "With *very* few exceptions," says Muriel Hunter, "they cooperate enthusiastically." Alame-



In a 4 year study, utilizing a series of carefully controlled clinical evaluations, Batterman, DeGraff and coworkers*, found Gitaligin to be a

"digitalis preparation of choice for the usual treatment of the patient with congestive heart failure."

*Batterman, A. C. and coworkers: Studies with Gitalin (amorphous) for treatment of Patients with Congestive Heart Failure, Federation Proceedings 9:256-257 (March) 1950.

SUMMARY OF ADVANTAGES

1. Large Margin of Safety—Gitaligin offers a high degree of safety in initial digitalization and in establishing maintenance dose.

2. Moderate Rate of Elimination—Not as slow as digitoxin or digitalis leaf. A high degree of safety if toxicity inadvertently supervenes.

3. Shorter Latent Period—Acts more rapidly than digitoxin or digitalis leaf.

4. Uniform Clinical Potency—Unlike digitalis leaf does not vary from batch to batch.

5. Predictability of Dosage—Dose expressed in terms of weight, thus avoiding complications of cat units and other biologic units.

Approximate Daily Dosage Equivalent For Maintenance

Ambulatory patients, 0.5 mg. Gitaligin approximates 0.1 Gm. digitalis leaf; 0.1 mg. to 0.2 mg. digitoxin; 0.5 mg. digoxin; 1.0 mg. Lanatoside C.

White
LABORATORIES, INC.
Pharmaceutical Manufacturers
NEWARK 7, N. J.

da medical leaders back her up.

Says Dr. Eric Reynolds, association president: "I have heard no adverse comment from any of our members. Social service work on individual cases protects the doctor from abuse of his willingness to provide reduced-fee services. It also protects the patient from undue hardship in paying medical bills. I do not believe we could operate a program like ours without a competent social worker."

Adds Dr. Gordon MacLean, the AMA delegate from Oakland: "Dozens of colleagues have told me how valuable they believe this plan is in bettering doctor-patient relations. It is a long-delayed step in the right direction."

Comments Dr. John Blum, chairman of the ACMA Committee on the Distribution of Medical Care: "Our medical social service consultant has proved herself and her position to be indispensable."

Can other societies adopt the idea? Alameda physicians think so. They believe it's especially suited to urban areas—where many families are just getting by and where doctors treat large numbers of strangers.

Says one ACMA officer: "This service will cost any medical society of reasonable size about $5 per member per year. In my opinion, it is worth every penny of it. It is a necessary function of every county medical society that assumes its full public responsibility."

—C. F. LUCAS

"He won't lie down—he's afraid he might get adhesions."

Health for the Forty-Plus

[*Continued from* 57]

percussed. Under his searching scrutiny came eyes, ears, nose, mouth, teeth, throat, chest—and so on down the line. "Haven't been looked at this way since the day I was born," commented Paul. "Have you found anything yet?"

"Lots," the physician replied. "Remember, I'm looking for *future* disorders, not just existing ones."

Now came a series of stress tests, designed to show how certain organs—the heart, for example—would behave under the strain of added years. Next, an over-all check for signs of aging in structure, skin, and tissue. Finally, a long talk between doctor and patient, touching on past illnesses, parents' illnesses, business environment, home life, current worries, future plans. At 5, Dr. Fisk announced abruptly: "That's enough for today."

Next morning early, Paul was at it again. This time the scene was a commercial laboratory not far from the Fisk office. Here experienced technicians ran off the tests the doctor had ordered: basal metabolism, blood chemistry, electrocardiograms, X-rays, and such. It was all over by 9:30.

"You know," Paul told his wife that night, "it's a relief to get a going-over like that. Guess I was unconsciously worried about secret disorders building up inside me. Now, no matter what Fisk reports, there won't *be* any more secrets."

Dr. Fisk reported the following Tuesday. He did it skillfully and reassuringly. But within the first few minutes of the hour-long session, Paul woke up to the fact that complete good health was something he didn't have. He had referred to his "occasional loginess." Dr. Fisk called it the result of (1) focal infections in sinus, tonsil, and prostate areas; (2) budding arthritis, confirmed by X-rays of the joints; (3) high blood pressure, affecting the left ventricle of the heart; (4) too much poundage, most of it at the waistline; (5) acute dietary shortages of protein, iron, and calcium.

"I think I can clear up the infections and ease the arthritis," said Dr. Fisk. "But to wipe out the other trouble spots, I've got to have your help."

Point by point, he mapped out a corrective program. There was nothing mysterious about it: a shift in eating habits, a few simple exercises, selected vitamins and medicines, an extra hour of sleep, less alcohol and tobacco, more outdoor life. "It's all written out here for you," said the doctor, pointing to a sheaf of typewritten pages. "But remember this: If you *don't* force yourself to follow these rules, your time and money will have been

NO WONDER SO MANY DOCTORS THROUGHOUT THE NATION PRESCRIBE

The Stuart Hematinic

COMPARE

THESE HIGH POTENCIES* OF IRON, COPPER, B COMPLEX AND C

THE STUART HEMATINIC	CONTENTS PER TABLET	CONTENTS PER 6 TABLETS
FERROUS GLUCONATE	3 grs.	18 grs.
COPPER SULPHATE	2.5 mg.	15 mg.
B COMPLEX		
Liver Fraction (alcohol insoluble—natural B Complex)	6 grs.	36 grs.
Thiamin Chloride	3.3 mg.	20 mg.
Riboflavin	1.7 mg.	10 mg.
Niacin Amide	25 mg.	150 mg.
Calcium Pantothenate	1.7 mg.	10 mg.
Pyridoxin Hydrochloride	0.5 mg.	3 mg.
VITAMIN C	25 mg.	150 mg.

DOSE: one or two tablets after each meal

PLUS:

LOW COST TO YOUR PATIENTS

BOTTLE OF 100 CAPSULE-SHAPED TABLETS **$2.95**

PLUS:

THESE OTHER ADVANTAGES

Contains Ferrous Gluconate (better tolerated—greater iron utilization**). Contains Liver Fraction for Natural B Complex. Unique tablet structure separates all the non-compatible substances for complete stability. Tablets disintegrate gradually in the stomach, releasing iron at a desirable rate.

Also Available

The STUART HEMATINIC with FOLIC ACID

... the same as the Stuart Hematinic except for the addition of 4.5 mg. of Folic Acid per 6 tablets.

Bottle of 100 capsule-shaped tablets, **$3.85**

*Potencies and balance cover latest standards for multiple therapeutic dosage: 1. *Rehabilitation Through Better Nutrition*, 1947—Spies. 2. *Journal of American Medical Association*, Oct. 27, 1945; 129:613—Jolliffe. 3. *Vitamin Deficiencies: Stigmas, Symptoms and Therapy* (J. A. M. A., June 22, 1946; 131:695—Council on Foods and Nutrition). 4. *Clinical Hematology*, Dec. 1946, Pg. 340—M. M. Wintrobe. ** *Journal of Clinical Investigation*, 16:547-54, 1937—Paul Rosenhoff and W. F. Goebel.

NO WONDER SO MANY DOCTORS THROUGHOU THE NATION PRESCRIBE

The Stuart Hematinic Liquid

COMPARE

THE PLEASANT TASTE AND THESE HIGH POTENCIES OF IRON, B COMPLEX AND C

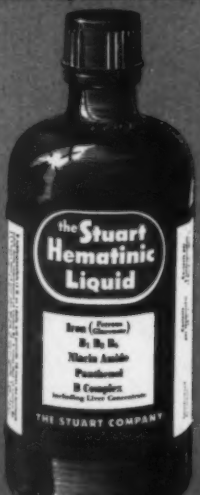
THE STUART HEMATINIC LIQUID	Contents per teaspoonful (5 cc.)	Contents per 3 tablespoonfuls (15 cc.—½ oz.)
FERROUS GLUCONATE . .	3 grs.	10 grs.
B COMPLEX		
Thiamin Chloride	1.7 mg.	10 mg.
Riboflavin	1.7 mg.	10 mg.
Niacin Amide	10 mg.	60 mg.
Panthenol	1.43 mg.*	8.6 mg.**
Pyridoxin Hydochloride	0.5 mg.	3 mg.
Liver concentrate . . .	From 20 grs. whole liver	From 120 grs. whole liver

*Equivalent to 1.7 mg. Calcium Pantothenate
**Equivalent to 10 mg. Calcium Pantothenate

PLUS:

LOW COST TO YOUR PATIENTS

1 PINT $3.45



PLUS:

THESE OTHER ADVANTAGES

Contains Ferrous Gluconate (better tolerated – greater iron utilization!). Contains Liver Concentrate for natural B Complex factors. Low viscosity.

the Stuart Company

Journal of Clinical Investigation, 16:647-54, 1937—Fred Smith and W. F. Geist

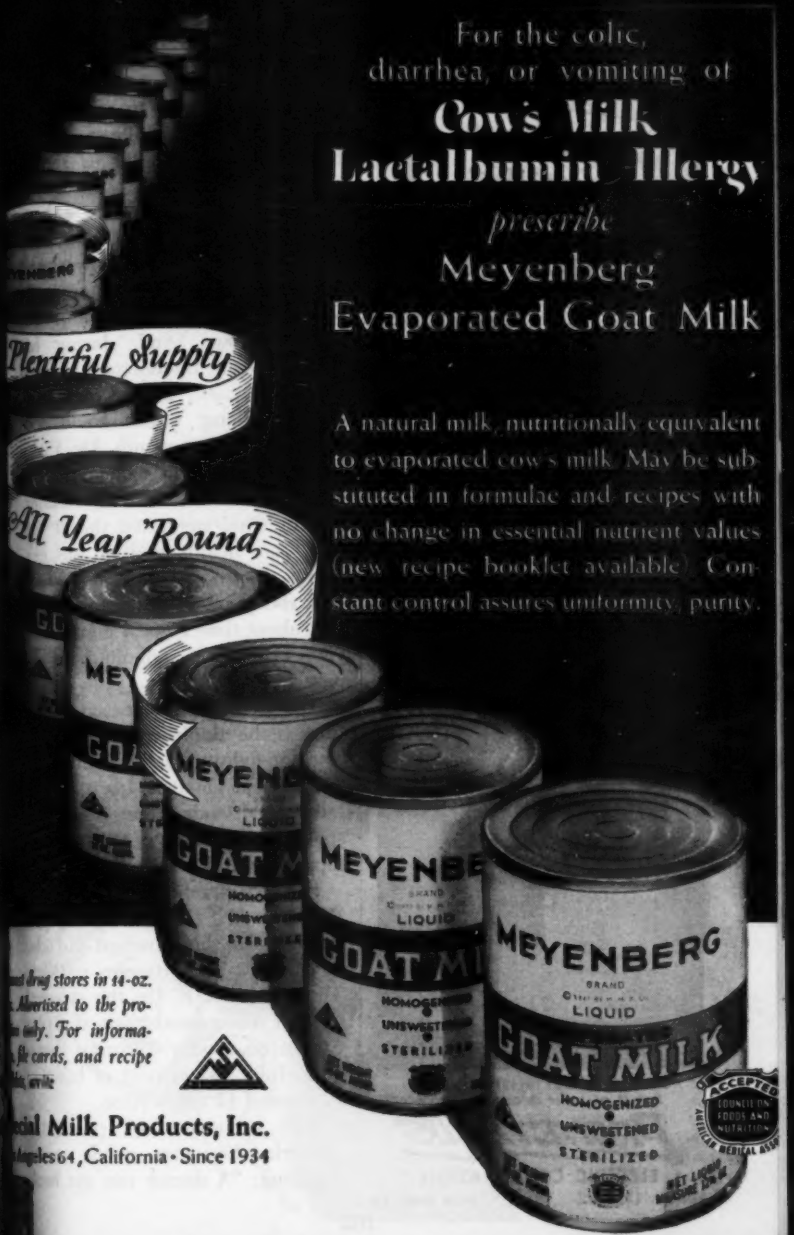
For the colic,
diarrhea, or vomiting of

Cow's Milk Lactalbumin Allergy

prescribe

Meyenberg Evaporated Goat Milk

A natural milk, nutritionally equivalent to evaporated cow's milk. May be substituted in formulae and recipes with no change in essential nutrient values (new recipe booklet available). Constant control assures uniformity, purity.

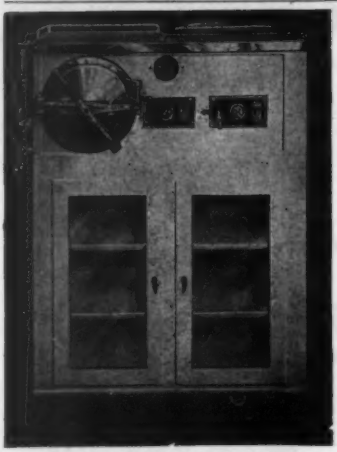


...and drug stores in 14-oz. ...Advertised to the pro... only. For informa... ...ft cards, and recipe ...ets, write:

...cial Milk Products, Inc.

...Angeles 64, California • Since 1934

BY THE MAKERS OF *Hi-Pro*—HIGH-PROTEIN, LOW-FAT POWDERED COW'S MILK



wasted. If you *do* force yourself, you have a chance to add ten or twenty years to your life—and have twice as much fun. It's as simple as that."

If anyone had offered him these health tips singly, Paul might easily have let them slide. But wrapped up in a bought-and-paid-for package, they appealed to him. He buckled down. And, during his periodic visits, the doctor could see the results.

Before long, others could too. One evening last month, Dr. Fisk's phone rang and a woman's voice said: "This is Mrs. Paul Bender, Doctor. Paul suggested that I call you. Your health program has certainly done wonders for him. Everybody notices it. I thought it was about time *I* got a going-over. Can I make an appointment for next week?"

The secret of Harrison Fisk's success, he thinks, is simply this: The age-fighting idea is contagious. People hear about it, try it, like it, tell their friends. Here is no new specialty, he believes, but an untapped field of service for the G.P.

His own practice bears this out. When he first thought up his preventive plan, he broached the idea to a few of his forty-plus patients. They went for it. On the strength of their recommendations, the plan caught on. Today—twenty years later—fully 90 per cent of his time is devoted to this service.

The economics of preventive geriatrics, he warns, needs careful handling: "A doctor can go broke

Only on your Rx . . .

When prescribing Ergoapiol (Smith) with Savin for your gynecologic patients, you have the assurance that it can be obtained only on a written prescription, since this is the only manner in which this ethical preparation can be legally dispensed by the pharmacist. The dispensing of this **uterine tonic**, time-tested ERGOAPIOL (Smith) WITH SAVIN —only on your prescription—serves the best interests of physician and patient.

INDICATIONS: Amenorrhea, Dysmenorrhea, Menorrhagia, Metrorrhagia, and to aid involution of the postpartum uterus.

GENERAL DOSAGE: One to two capsules, three to four times daily—as indications warrant.

In ethical packages of 20 capsules each, bearing no directions.

ERGOAPIOL (SMITH) WITH SAVIN

Literature Available to Physicians Only.

Ethical protective mark, M.H.S., visible only when capsule is cut in half at seam.

MARTIN H. SMITH COMPANY
150 Lafayette Street • New York 13, N. Y.

in this field quicker than in any other. Medical service of this type takes time, and time costs money.

"People won't buy preventive care unless it's wrapped up in an appealing package. They won't pay the necessary fees unless they've had some contact with dramatic, personal examples of patients who have been helped."

Though Dr. Fisk doesn't say so, such examples abound in his own practice. Of the six to nine patients he sees each day, about one-third are semi-invalids—people who have known enough ill health to be acutely desirous of good health. After going through the Fisk routines, many of these folks display a degree of reinvigoration that startles their friends.

Here are three authentic examples. If they weren't medically attested, you might suspect they'd been lifted from the files of a quack. But these are no "miracle cures"; they are simply preventive geriatrics at work.

¶ A 60-year-old woman had been bedridden for months. After six weeks of medical rehabilitation, she took up dancing for the first time in her life.

¶ A 59-year-old woman had been wheeled to church every Sunday for two years. Following three months of directed age-fighting, she reported happily: "Last Sunday I *walked* to church. What's more, I stood up and sang."

¶ A man of 63 had long felt generally run-down. After two months of medical coaching, he took his

3 Infant Feeding Problems Every Doctor Knows:

1. BABY'S FORMULA can cause trouble unless the milk combines safety and digestibility, with essential nourishment. So specify Carnation Evaporated Milk and be *sure*. Carnation is nourishing whole milk, in its most digestible form. Doubly safe because it is pasteurized, then sterilized *after* the can is sealed.

2. POST-FORMULA BOTTLE FEEDING is a problem if mothers take babies off formula too soon—or change to milk that's less nourishing, less uniform, less digestible. For your own protection, *insist* upon baby's bottle *continuing* to contain Carnation's tested uniformity—in butterfat, milk solids and curd tension.

3. THE CHANGE TO CUP-DRINKING is unnecessarily complicated if the milk is different in any way from that fed in the bottle. Experience shows that Carnation's familiar flavor aids acceptance of cup-drinking . . . while its uniformity helps eliminate digestive upsets caused by radical changes in baby's routine.

The Milk Every Doctor Knows:

The established advantages of evaporated milk have made Carnation a standard for infant feeding. Carnation Evaporated Milk with water and carbohydrates is a tested formula approved by the medical profession for more than 50 years.

And the time-tested qualities of Carnation Milk are equally helpful in solving the problems of post-formula feeding. There is no variation in composition or flavor to upset baby's delicate digestive system.

This uniformity is the result of rigid control—from cow to can. Every drop is pasteurized, enriched with vitamin D, homogenized, and sterilized with prescription accuracy in Carnation's *own* evaporating plants.

You can recommend Carnation *by name*, with complete confidence that there is no finer, safer milk for any stage of infant feeding, from bottle to cup.

"From Contented Cows"

8 out of 10 mothers raising their babies on Carnation report that it was recommended by their doctor

---

first trip out of the city in years—and came back with a new wife.

Such people, of course, are the best salesmen for any health plan. But it takes a while for the word to spread. That's why Dr. Fisk recommends a *gradual* switch to preventive geriatrics. "A G.P. who is interested in this field," he says, "had better not narrow his practice too abruptly. If he does, he may have to twiddle his thumbs while patient education catches up."

He's convinced, nevertheless, that almost any G.P. can start today to practice the "medicine of tomorrow."

Special training? "Study up on geriatrics—especially the nutritional aspects," he advises. "But integrate it with all you've learned in general medicine. The big need here is to see the patient as a whole in following up preclinical clues."

Special equipment? "You don't have to own $10,000 worth of diagnostic aids. Use the facilities of a nearby laboratory or of a neighboring specialist for tests you're not equipped to do yourself."

End result? "An entirely new role for the geriatric-minded G.P. No longer will he serve merely as a repairman, harried continually by rush visits and emergency calls. Instead, he'll play a part in bringing people a brand-new concept of lasting good health. It will be an important part, and he'll be rewarded accordingly."

Harrison Fisk is the name we've given to a real-life G.P. who has proved his point. —ALTON S. COLE

HANDITIPS

▶ What nontechnical procedure or device have you found helpful in conducting your practice more efficiently? MEDICAL ECONOMICS will pay $5-$10 for original ideas worth passing on to your colleagues. Address Handitip Editor, Medical Economics, Rutherford, N.J.

The Real Issues in Prepay Medicine

[*Continued from* 53]

The key to this problem is, of course, held by individual physicians. So is the key to another poser: excessive surcharges. An occasional doctor, confronted with a patient whose income is just slightly above the full-service limit, doubles or triples the listed fee. Medical society grievance committees have already gone to work on several such cases.

8. How to add more laymen to governing boards? The public has no voice in the management of nearly a dozen physician-sponsored plans. Many another directorate lists only a token layman or two. Blue Shield leaders are convinced this policy cuts down community support and good-will. The typical governing board, they point out, comprises nine physicians and six laymen. The signs are that some of the less typical plans will take the hint.

9. How to spur interplan cooperation? Among the medical care plans, in particular, national cohesion is lacking. This fault affects new enrollment, membership transfers, policy improvements, actuarial work, and a host of other things. Says a recent statement approved by the Blue Shield Commission: "If Blue Shield wishes to take its place

as a responsible organization in the national community . . . and to take effective action on problems of common concern, a solution of this organization problem is required."

Blue Cross has a better record in this realm. It succeeded, for instance, in setting up an "Interplan Service Benefit Bank." Thanks to this cooperative scheme, a Blue Cross subscriber hospitalized outside his home area may now receive full-service benefits rather than limited cash payments. Blue Shield has the idea under study.

10. How to erect depression safeguards? Last year's slump clinched the need for action here. In the second quarter of 1949, for example, eighteen Blue Shield plans showed operating losses. Since then, plan directors have starting talking about a national guarantee fund. Its aim would be to tide the weaker plans over when—and if—our economy takes its next header.

If a reserve fund of $1 per subscriber were set up, as some men are suggesting, Blue Shield would have to raise $16 million, Blue Cross $38 million. Since the job would take several years, there's plenty of interest in starting now.

There you have ten top problems in prepayment medicine. They can be solved. In many areas, they *are* being solved. But they make it clear why stepped-up, enlightened support from local medical men is needed to keep voluntary health plans moving ahead.

—C. G. BENSON

YOUNG DOCTORS—

Enlarge Your Experience

Broaden your professional scope with one to three years of practice in military medicine!

Take advantage of the unequalled opportunities for modern medical practice which you will find today in America's peacetime Army.

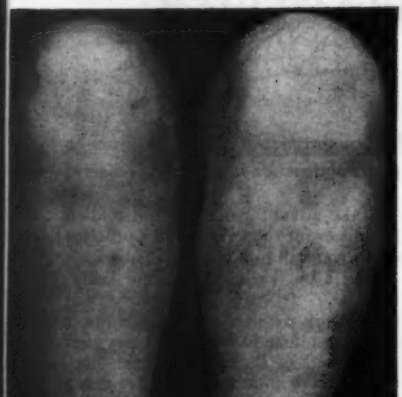
You will work with the newest and finest equipment, under foremost military and civilian members of the medical profession. You will receive an annual salary starting at $5,500, plus numerous additional benefits.

After one to three years of valuable professional experience, you may decide to make military medicine your career. Or you may return to private practice far better prepared by your added training and breadth of outlook.

For further information, write to:
THE SURGEON GENERAL, U. S. ARMY
WASHINGTON 25, D. C.

U. S. ARMY MEDICAL DEPARTMENT

Before Use of Riasol



After Use of Riasol

SUMMER PSORIASI CALLS FOR RIASOL

The actinic rays of summer light may aggravate many cases psoriasis. In addition, the humi tion resulting from exposure of ugly patches makes effective tr ment imperative.

The unique chemical combination mercury with soaps in RIASOL penetr the stratum corneum and brings the th peutic agent in direct contact with psoriatic lesions in the deeper layer the skin.

Usually with the use of RIASOL, unsightly red patches and the obnoxi silvery scales soon start to disappear. many cases the skin patches clear c pletely and there are prolonged remiss

RIASOL contains 0.45% mercury ch ically combined with soaps, 0.5% phe and 0.75% cresol in a washable, n staining, odorless vehicle.

Apply daily after a mild soap bath thorough drying. A thin, invisible, e nomical film suffices. No bandages ne sary. After one week, adjust to patie progress.

RIASOL is ethically promoted. Supp in 4 and 8 fld. oz. bottles at pharma or direct.

Mail coupon today for your free ical package. Prove RIASOL in your p practice.

MAIL COUPON TODAY—TEST RIASOL YOURSELF

SHIELD LABORATORIES ME 7-50
12850 Mansfield Ave., Detroit 27, Mich.

Please send me professional literature and generous clinical package of RIASOL.

.....M.D. .....Street

City.....Zone.....State.....

Druggist.....Address.....

RIASOL FOR PSORIASIS

The Newsvane

AMA Plea for Common Front Rejected by Nurses

On the fence for years, the American Nurses Association still shows no sign of taking a stand for or against the socialization of medicine. A month ago, at its San Francisco convention, it pigeonholed a resolution condemning such socialization.

Opposition to the resolution was spearheaded by the delegation from Montana (home state of Senator James E. Murray). Said one speaker: "We should not accept the opinion of either the AMA or of the Ewing report, but should investigate for ourselves."

The ANA decision followed the receipt of a telegram from the AMA urging it to fight the Murray-Dingell scheme. So far, nine of the forty-eight chapters of the nurses' association have gone on record against the scheme.

Suggests Self-Pension, Tax-Free Plan for M.D.'s

Should doctors get a better break under the income tax laws? That old question has been revitalized by Frank G. Dickinson, PH.D., statistician-in-chief of the AMA. He has asked Congress to give physicians the same right now enjoyed by corporation employes—the opportunity to set aside part of their earnings, tax-free, in a self-pension plan.

The doctor, he contends, should be allowed to bank a reasonable percentage of his income against retirement. He points out that it now costs about $35,000 to become a doctor, and that the average M.D. enjoys no income until he is at least 28. Thereafter, he says, the peak earning period is bunched into a comparatively few years.

CMA Sets Standards for Health Associations

Do the national health associations (TB, heart, polio, etc.) exploit doctors? The California Medical Association is determined to find out. It is presently screening all such associations in that state. If they cannot meet CMA requirements they won't get doctors' cooperation.

The California Medical Association has declared that (1) committees dealing with medical problems must have at least a 50 per cent representation of doctors; (2) no new program may duplicate an existing one; (3) main object of the health body must be education; (4)

diagnosis and treatment are banned, except for indigents and in cases of communicable disease; (5) salaries of operating personnel and overhead must be at a minimum.

Auditor's Tag-Line on M.D.'s Bills Ups Payments

Collection percentages of from 98.6 to 100.7 are said to have resulted in part from the inclusion of a simple tag-line at the bottom of the statements of doctors who are clients of New York's Medical Business Bureau.

These dramatic results were recorded in the twelve months after March 1949, when the bureau launched a doctor's bookkeeping and collection service. The tag-line says, "All my bookkeeping records are kept by—." It then gives the name of the auditor, the bureau's name and the address.

According to the bureau, "The patient thereby knows that the billing is being done by a business firm. He also knows from experi-

Anecdotes

¶ MEDICAL ECONOMICS will pay $5-$10 for an acceptable description of the most exciting, amusing, amazing, or embarrassing incident that has occurred in your practice. Address Medical Economics, Rutherford, N.J.

FACT: Johnson's Baby Lotion with hexachlorophene 1% has been demonstrated to be a specific preventive and therapeutic agent for five common skin afflictions of infancy: impetigo contagiosa, miliaria rubra, cradle cap, excoriated buttocks, and diaper rash.

PROOF: New Johnson's Baby Lotion was subjected to clinical investigations in 8 leading hospitals for a period of more than 10,000 baby days. It reduced the incidence of skin irritations *of all types* to an average of less than 2%.

NEW-FORMULA

JOHNSON'S BABY LOTION

Johnson & Johnson

FREE!
12 distribution samples of new Johnson's Baby Lotion. Mail this coupon.

Johnson & Johnson
Baby Products Division
Dept. S5, New Brunswick, N. J.

Please send me, free of charge, 12 distribution samples of Johnson's Baby Lotion.

Name_____

Street_____

City_____ State_____

Offer limited to medical profession in U.S.A.

RELAX THAT SPASM with MESOPIN

When pain, heartburn, belching, nausea, or unstable colon are due to gastrointestinal spasm, Mesopin provides an effective means for prompt relief. Its selective antispasmodic action on the digestive tract controls spasticity without the undesirable side effects of atropine or belladonna. Thus, symptomatic relief of many common disturbances of the stomach or intestines can be achieved with discrimination and safety. Mesopin is indicated for the relief of gastrointestinal spasticity, such as pylorospasm, cardiospasm, spastic colon, and biliary spasm.

MESOPIN (brand of homatropine methyl bromide)

SELECTIVE GASTROINTESTINAL ANTISPASMODIC

SUPPLY: Elixir in 16 ounce bottles; tablets in bottles of 100.
MESOPIN (homatropine methyl bromide)—2.5 mg. per teaspoonful of elixir or per tablet. Also supplied: MESOPIN-PB*—2.5 mg. Mesopin and 15 mg. (1/4 gr.) phenobarbital per teaspoonful of elixir or per tablet.

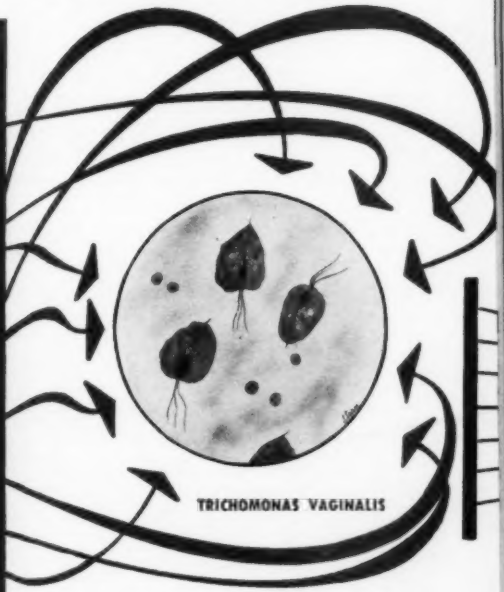
Detailed literature and samples on request.

Endo®

*PB abbreviated designation for phenobarbital.

ENDO PRODUCTS INC., RICHMOND HILL 18, NEW YORK

A LENDING HAND



TRICHOTINE

Dispensed in wide-mouthed jars containing 5, 12 or 20 ounces, at approximately 65c, $1.25 and $1.75 at all drug stores.

TRICHOTINE is completely soluble, containing Sodium Lauryl Sulfate, Thymol, Eucalyptol, Menthol, Methyl Salicylate, in Sodium Perborate Tetrahydrate.

REMOVES THE MUCUS

TRICHOTINE (Fesler) offers constructive help in the treatment of TRICHOMONAS VAGINALIS VAGINITIS* and other conditions for which specific therapy may be prescribed. Its action is three-fold:

1. **TRICHOTINE dissolves and removes the infected mucus . . . .**
2. **TRICHOTINE leaves a thoroughly cleansed mucosa . . . .**
3. **TRICHOTINE acts specifically against the invading organisms . . . .**

**Detergents cause dissolution of motile Trichomonads.* MacDonald, E. M., and Tatum, A. L., J. of Immun., *59*: 301-308, 1948.

PLEASE TURN PAGE ——

TRICHOTINE (FESLER)

the preferred VAGINAL DETERGENT

The TRICHOTINE douche rapidly cleanses all remote vaginal regions. It effectively rids the vagina of an environment that is fertile to invading organisms. It leaves the patient gratefully soothed and relieved of discomfort.

USED AND PRESCRIBED BY PHYSICIANS FOR 15 YEARS — SINCE 1935

Solutions of TRICHOTINE provide the ideal cleansing agent and being a source of nascent oxygen, exert specific destructive action against the offending anaerobes.

INDICATIONS—Trichomonas Vaginalis Vaginitis, Monilia Vaginitis, Senile Vaginitis, Acute and Chronic Cervicitis, Vulvo-Vaginal Mycosis, Non-specific Vaginitis and Post-operatively in Vulvo-Vaginal Surgery.

DOCTOR:

Prescribe TRICHOTINE in at least thre of your most stubborn cases, or cases whic have not responded to your prese routine. The results will b highly satisfactor

For samples, please attach this coupon to your Prescription blank, then mail both today to:

GEO. C. V. FESLER COMPANY
BILOXI, MISSISSIPPI

NAME _____

STREET _____

CITY _____

STATE _____

GEO. C. V. FESLE
C O M P A N
BILOXI, MISSISSIP

See preceding p

ence that such a firm will not tolerate the nonsense that a physician often does."

Asks Truman to Clarify 'Socialist' Attitude

Instead of indulging in double-talk about socialism, President Truman should tell the people where he really stands. So says Sen. Harry E. Byrd (D., Va.), long-time critic of the Administration's spending policies.

With reference to the President, Senator Byrd poses these questions:

"If he says he is against socialism, why is he advocating the pressurizing of Congress to adopt socialized medicine? If he is against socialism, why is he advocating the Brannan plan, which inevitably means socialized agriculture? If the President is opposed to socialism, why is he advocating another extension of socialized housing?"

The Senator believes that "deficit spending and socialism are twins of evil." He says the Administration will, during the current fiscal year, spend $8 billion more than it did in 1948, when the budget was balanced.

Medical Training Said to Cost $50,000

There is more to the cost of educating a doctor than readily meets the eye, Dr. Thomas Hodge McGavack points out in New York Medicine. The student and his family contribute between $35,000 and $40,000, including direct costs, subsistence, loss of income for nine years, and interest on investment. The medical school contributes an additional $13,600 to educate him —the equivalent of 5 per cent interest for one year on an endowment

of $272,000. The total, says Dr. Gavrack, averages nearly $50,000 per student.

G.P.'s Seen Doing Bulk of Group Practice

The general practitioner has established himself as the backbone of group practice, say Dr. J. P. Sanders and Charles E. Nyberg in the journal G.P. They point out that when refractions are excluded, a G.P. can care for 91 per cent of ailments. In a medical group of 33 physicians, they recommend that 17 be "family" doctors.

Lauds Private Enterprise in Government Plant

Physicians at the Atomic Energy Commission's Hanford, Wash., plant have switched from contract practice to private practice. Until recently, they served 20,000 employes on a salary-plus-bonus basis. The plant at Oak Ridge, Tenn., ended contract practice about a year ago. Announcing the change at Hanford, its manager, G. R. Proud, said it "should encourage the American system of private enterprise."

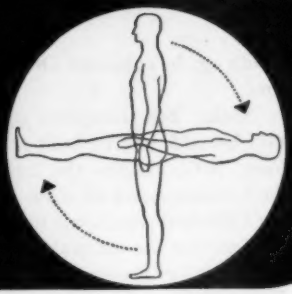
New 'Political' Hospitals Listed by Drew Pearson

"V.A. hospitals are built for politicians, not for the sick." Thus, for decades, have Washington newspaper correspondents summed up the V.A. construction program.

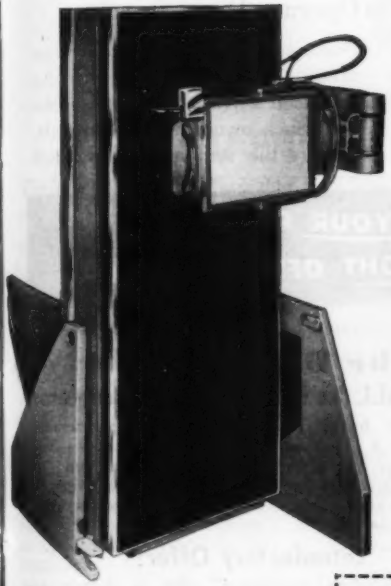
New examples were cited a

IT'S BUILT TO TILT

...with a bow to your budget



Here is the fluoroscope you have always wanted *for your own office.* Use it for vertical fluoroscopy of chests, hearts or stomachs. Tilt it easily back to determine fractures and sprains or to examine infants. Ultra-compact...may even be used to replace the standard examining table. Ample power and penetration. Shockproof construction. Radiography, if desired, is easily, inexpensively added. The coupon brings complete information.



Profexray

...pace-making design
...at down-to-earth cost

20 MA TILT TABLE
HORIZONTAL-VERTICAL
FLUOROSCOPE

SO MUCH *MORE*...
...FOR SO MUCH *LESS!*

$1095

F.O.B. CHICAGO

Including 12 x 16 Patterson B-2 Screen
Control Unit and Foot Switch

PROFESSIONAL EQUIPMENT COMPANY
615 S. Peoria St., Chicago 7, Ill.

Gentlemen: Please send complete information on the PROFEXRAY 20 MA Tilt Table Fluoroscope. No obligation.

Dr. _____

Address _____

City _____ ME7

month ago by columnist Drew Pearson:

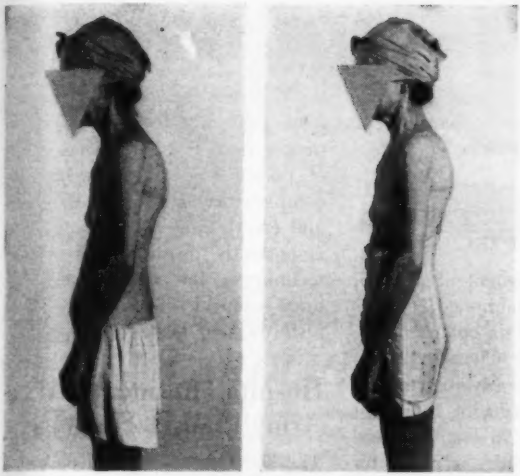
"Muley Bob Doughton's hospital," he said, will be built at Salisbury, N.C., despite the fact that the Veterans Administration wanted the 1,000-bed psychiatric institution located near the medical schools of either Duke University or Wake Forest College. But Representative Doughton, chairman of the powerful House Ways and Means Committee, wanted it in his district, and that's where it will be built.

"Senator James E. Murray's hospital" will be built at Miles City, Mont., far from any medical center, not at Minot, N. Dak., where the V.A. wanted it. The 100-bed institution will cost taxpayers $4.5 million.

"Congressman Vinson's hospital" at Dublin, Ga., is one that is being taken over from the Navy as a favor to Rep. Carl Vinson, chairman of the Armed Services Committee. The 500-bed hospital is so far from a railroad that a special airfield has been built so patients can be flown in. To staff it, Dr. Magnuson had to order 15 doctors transferred, whereupon eight resigned.

APA Raps Physicians Who Operate Drug Stores

Doctors who buy and operate pharmacies are unethical, says the American Pharmaceutical Association. Such ownership, it contends, "lowers the standards of medical



SUPPORT for the aged

There is evidence to show that poor posture is one of the factors in the aged "which accelerates the process of tissue deterioration."* Thus, proper support is often indicated to improve posture and to relieve the tired back and muscles of old age. The patient pictured above, age 81, has worn Spencer Supports for the past eight years to relieve back fatigue and to support the ptosed abdominal organs. Her Spencers are designed so that there is no boning or pressure over the sensitive hip bones.

Each Spencer—for man, woman or child—is *individually designed, cut, and made.*

MAIL coupon at right — or PHONE a dealer in Spencer Supports (see "Spencer corsetiere," "Spencer Support Shop," or Classified Section) for information.

*Bortz, Edward L., The Later Years, Georgia Med. Jr.: 36: 343-355 (Sept.) 1947.

SPENCER, INCORPORATED
131 Derby Ave., Dept. ME, New Haven 7, Conn.
Canada: Spencer, Ltd., Rock Island, Que.
England: Spencer, Ltd., Banbury, Oxon.

Send free Spencer Booklet for Physicians to:

Name ..... M.D.

Address .....

.....

7-50

individually designed SPENCER SUPPORTS®

care." The APA calls on its members to "combat further encroachment" by physicians. The guilty ones, it says, violate an "AMA rule" that it is "unethical for a physician to make a profit on anything except his professional services."

Deplores Compulsory Retirement at 65

Compulsory retirement at age 65, however well intentioned, creates an ever-increasing psychiatric problem, says Dr. C. Charles Burlingame, well-known psychiatrist and head of the Institute of Living at Hartford, Conn. No one, he says, can tell when a man is ready for retirement without examining him closely: "The whole concept of retirement at a given age is unsound. Some people ought to be retired at 40 and some at 75."

Dr. Burlingame deplores "forcing millions of capable, successful, responsible, and formerly important people into . . . the boondoggling of raking leaves or enjoying the complete leisure they don't want and can't endure." He believes "it is perfectly possible to work out techniques for retirement based upon clinical observations, work histories, and testing."

Hospital Residents Aid Army in M.D. Shortage

The shortage of medical personnel in the Army is less serious than it was a year ago, yet about 500 doc-

tors are still needed. Reduction of the Army from 887,000 to 667,000 men helped ease the strain, as did unification, which made some Navy and Air Force hospital beds available to the Army. The General Staff also ruled that reserve officers might put in short tours—as short as one day in the U.S., six months abroad.

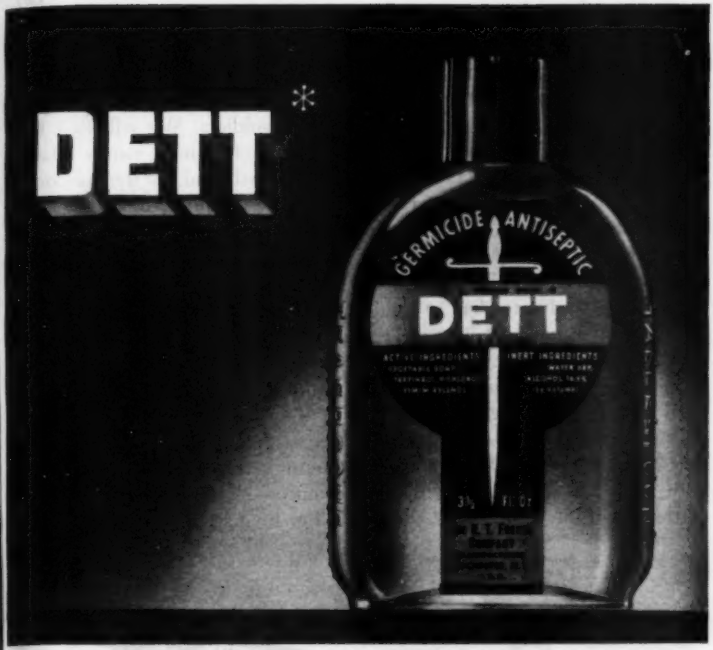
In a report to the AMA, Major General George E. Armstrong says that various "stop-gap" measures have also helped in the emergency. He cites, as an example, an arrangement in Philadelphia, where hospital residents are released for two months of Army service with full credit.

Says Christian Science Could Bring Chaos

Given the chance, Christian Science would push medicine back into the Middle Ages, says Dr. Joseph D. Wassersug in a symposium in The American Mercury. The Christian Science viewpoint is presented by DeWitt John, of the church's committee on publications.

Dr. Wassersug points out that Christian Science's greatest sales promotion—and its greatest weakness—lies in its testimonials. Yet as proof, he says, "testimonials mean nothing. Any statistician will point out that testimonials of this type are not based on scientific sampling, but on the limited and particular sampling of a small group of persons.

"To be blunt, those who die



*ALSO KNOWN AS DETTOL

A "new" Antiseptic proved by 20 years performance

New to the medical profession of the United States, Dett, under the name Dettol, is standard equipment for surgeons and hospitals throughout the British Empire. Dett, for obstetrical and surgical use, has been proved since 1929.

Dett, although deadly to germs, is gentle to human tissue. This clean, clear liquid with an agreeable odor is safe, effective, non-irritating and non-staining. Physicians who have used Dettol in other countries will welcome its introduction in the United States under the name of Dett.

For a generous size sample, and literature, write to: The R. T. French Co., Pharmaceutical Department, Rochester 9, New York.

DETT *THE MODERN WEAPON AGAINST INFECTION*

never offer up testimonials of Christian Science healing. Only those fortunate few who survive the ministrations of the Christian Science healer can appear to offer testimony."

Although the Christian Science church forbids its members to consult physicians, says the doctor, its very existence stems from the fact that "modern medicine has made the world safe for Christian Science." He asks his readers to ponder the consequences if it were accepted universally.

"Let us not immunize our children against whooping cough. We will find, as Biedert found in 1885, that 91 per cent will become ill with this disease, and that many of them will die . . . Let us abandon our methods of sanitation. Let us ignore typhoid bacilli as figments of the bacteriologist's imagination. We will find, as Willis found in 1643, epidemics raging among soldiers. We will find five members of a single family attacked. We will find, as the American Army did in the Spanish-American War, 20,738 cases of typhoid, with 1,580 deaths . . . or as the British found during the Boer War, 57,684 cases with 8,022 deaths. It is medical science and not Christian Science that has made typhoid fever a vanishing disease.

"If Christian Science were given free reign, the Middle Ages would almost certainly be brought back at once."

For his part, Mr. John offers the

standard Christian Science argument: God does not create disease or discord, so man cannot "in truth" experience them. "Such difficulties," Mr. John maintains, "are in the deepest sense unreal because they have no basis in God—though like a dream they may appear exceedingly real to the person concerned."

No cure is impossible for the true Christian Scientist, he maintains. He cites the case of a woman with arthritis, who could get no relief from physicians. She took up Christian Science and "cured herself" so completely she was offered a job on a "hospital staff."

Other self-cures alleged by Mr. John include even fractures. One woman, he says, suffered "a broken left elbow, torn ligaments, and a sprained wrist." Under Christian Science treatment she returned to her secretarial position in four days, "fully cured."

Menningers Deplore Lack Of Mental Research

The nation is penny-wise and pound-foolish in neglecting to provide adequate psychiatric treatment, say the Menninger brothers, Drs. William and Karl. They point out that when an untreated person becomes a custodial case, he costs taxpayers from $50,000 to $150,000.

For $1 million, the Menningers add, the Government can furnish psychiatric care to 300 veterans; custodial care would cost $30 million.

Throat Specialists report on 30-day test of Camel smokers:

"Not one single case of throat irritation due to smoking Camels!"

Yes, these were the findings of throat specialists after a total of 2,470 weekly examinations of the throats of hundreds of men and women who smoked Camels—and only Camels—for 30 consecutive days.

Elaine Bassett, television stylist, is one of hundreds, coast to coast, who made the 30-Day Test of Camel Mildness under the observation of throat specialists.

R. J. Reynolds Tobacco Co., Winston-Salem, N. C.

ACCORDING TO A NATIONWIDE SURVEY:

More Doctors Smoke Camels

THAN ANY OTHER CIGARETTE

Yes, doctors smoke for pleasure, too! In a nationwide survey, three independent research organizations asked 113,597 doctors what cigarette they smoked. The brand named most was Camel.

NEO-CULTOL encourages the restoration of normal colonic function *without harsh cathartic action* . . . establishes a more favorable intestinal flora . . . counteracts inimical putrefactive bacteria.

Administration of NEO-CULTOL implants a potent culture of viable *L. acidophilus* in refined mineral oil jelly, achieving the desired results without griping, flatulence, or diarrheic movements.

- PLEASANTLY CHOCOLATE FLAVORED
- ADJUSTED MELTING POINT PREVENTS LEAKAGE
- NON-HABIT FORMING

SUPPLIED: Jars containing 6 oz.

NEO-CULTOL

L. ACIDOPHILUS IN REFINED MINERAL OIL JELLY, CHOCOLATE FLAVORED

Arlington

THE ARLINGTON CHEMICAL COMPANY YONKERS 1, NEW YORK

* Index of Advertisers *

THE LAXATIVE FOR *judicious* THERAP

because of its

Gentle, Effective Action

Phospho-Soda (Fleet)'s* action is prompt and thorough, free from any disturbing side effects. That's why so many modern authoritative clinicians endorse it... why so many thousands of physicians rely on it for effective, yet judicious relief of constipation. Liberal samples will be supplied on request.

*Phospho-Soda (Fleet) is a solution containing in each 100 cc. sodium biphosphate 48 Gm. and sodium phosphate 18 Gm. Both 'Phospho-Soda' and 'Fleet' are registered trade marks of C. B. Fleet Company, Inc.

C. B. FLEET CO., INC. • LYNCHBURG, VIRGINIA

SPOIL THE APPETITE . . .

CONTROL OF APPETITE is frequently beyond the power of human will, a fact that explains most cases of obesity. Fortunately, appetite can be checked by administration of certain sympathomimetic drugs, such as *Propadrine*® phenylpropanolamine HCl, a development of Sharp & Dohme research notably free of the unpleasant side effects associated with ephedrine. ALTEPOSE® tablets, a new formula for control of obesity, provide PROPADRINE HCl, 50 mg. (¾ gr.), to reduce the desire to eat; *thyroid*, 40 mg. (⅔ gr.), to increase metabolism; and DELVINAL® vinbarbital, 25 mg. (⅜ gr.), for mild sedation. ALTEPOSE tablets spare the obese patient the pangs of hunger, making low-calorie diets more acceptable, speed metabolism of excess fat and carbohydrate, and tend to suppress nervous tension and anxiety. The proper dose must be determined for each individual. ALTEPOSE tablets are supplied in bottles of 100 and 1,000. Sharp & Dohme, Philadelphia 1, Pa.

spare the patient

SHARP & DOHME

Altepose® TABLETS

for treatment of obesity

Are you taking advantage of this Free Ivory Handy Pad?

"Instructions for Routine Care of Acne"

Saves your time . . . helps your patients

Thousands of doctors are now using this modern, time-saving aid in office and clinic. In this way, they eliminate a good deal of individual discussion concerning routine care and at the same time provide each acne patient with the guidance he needs to do his part in completing the cycle of treatment.

Each leaflet in the free Ivory Handy Pad on "Instructions for Routine Care of Acne" contains printed rules covering a group of routine hygienic procedures that are indicated as supplementary to professional treatment. Ample space is provided for your own additional written instructions. Thus, simply by handing a leaflet to the patient, you furnish the indicated routine—in permanent form, easy to consult.

5 Different Ivory Handy Pads, Free

"Instructions for Routine Care of Acne" is one of five different Handy Pads developed for you by Ivory Soap. The subject of each Handy Pad is designed to meet a definite need in practice. There is no controversial matter. Only professionally accepted routine instructions are included.

99⁴⁴/₁₀₀% PURE
IT FLOATS

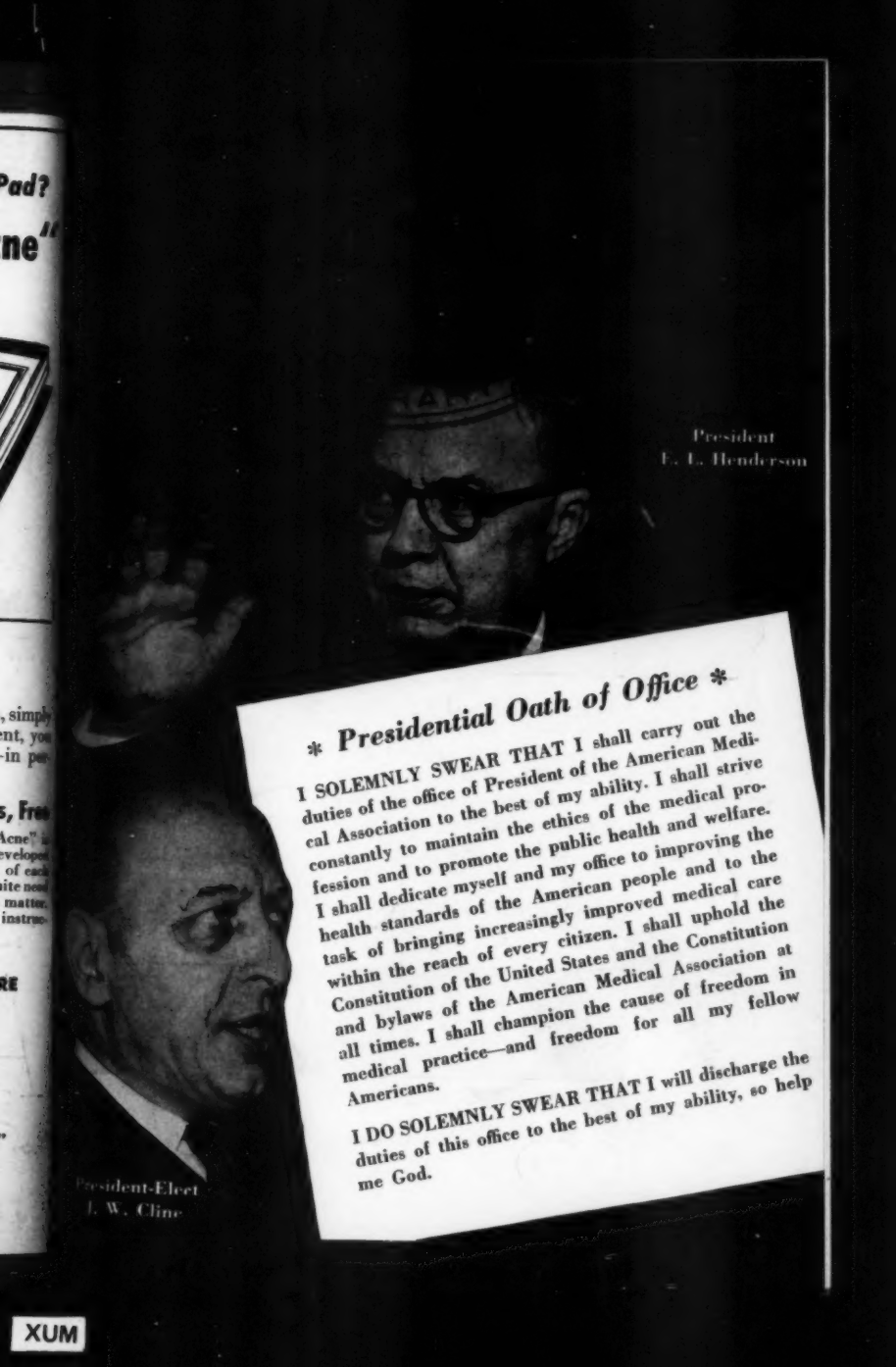
YOU CAN OBTAIN—FREE—ANY OR ALL OF THE IVORY HANDY PADS

Write, on your prescription blank, to

IVORY SOAP, Dept. 2, Box 687, Cincinnati 1, Ohio

Ask for the Handy Pads you want by number. No cost or obligation.

No. 1: "Instructions for Routine Care of Acne."
No. 2: "Instructions for Bathing a Patient in Bed."
No. 3: "Instructions for Bathing Your Baby."
No. 4: "The Hygiene of Pregnancy."
No. 5: "Home Care of the Bedfast Patient.'



President
L. L. Henderson

President-Elect
J. W. Cline

* Presidential Oath of Office *

I SOLEMNLY SWEAR THAT I shall carry out the duties of the office of President of the American Medical Association to the best of my ability. I shall strive constantly to maintain the ethics of the medical profession and to promote the public health and welfare. I shall dedicate myself and my office to improving the health standards of the American people and to the task of bringing increasingly improved medical care within the reach of every citizen. I shall uphold the Constitution of the United States and the Constitution and bylaws of the American Medical Association at all times. I shall champion the cause of freedom in medical practice—and freedom for all my fellow Americans.

I DO SOLEMNLY SWEAR THAT I will discharge the duties of this office to the best of my ability, so help me God.

Just 4 small doses provide

'Round-the-clock relief for allergic patients

Long-lasting relief[1] . . . low milligram dosage[2] with few side actions. These are advantages you *expect* in a professional antihistamine for use in difficult allergies, or for patients who have not responded to other drugs. These advantages are *combined* in Decapryn—the antihistamine that provides a good night's rest and a good day's work for allergic patients.

1 "Symptoms were relieved from 4 to 24 hours after the administration of a single dose of Decapryn—" . . . Sheldon, J.M. Et al: Univ. Mich. Hosp. Bull. 14:13-15 (1948)

2 "It was found that 12.5 mg. could be given during the day with comparatively few side reactions and yet maintain good clinical results—" . . . MacQuiddy, E.L.: Neb. State M.J. 34:123 (1949)

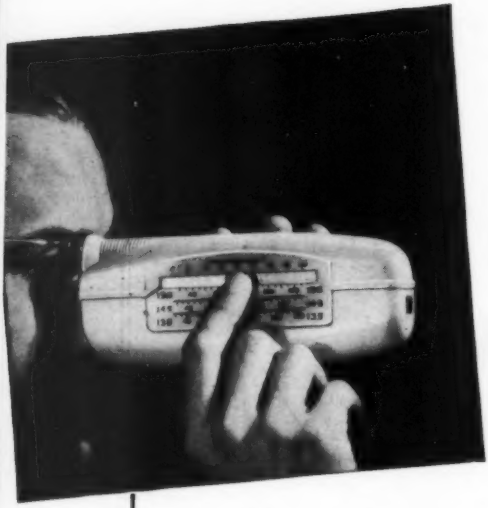
DECAPRYN®

The long-lasting, low-dosage prescription antihistamine

DECAPRYN (DOXYLAMINE) SUCCINATE

Merrell
1838
CINCINNATI • U.S.A.

Available on prescription only, as pleasant-tasting liquid, or palatable tablets



Accurate, on the spot

Hb Determinatio

Widespread acceptance of the Spencer Hb-Meter proves that physicians need this means of obtaining *laboratory* accuracy in hemoglobin determination *in less than* 3 *minutes.*

Only the Hb-Meter permits:

- ★ Complete portability
- ★ Results in grams per 100ml or a choice of percentage scales
- ★ Hemolysis of blood without dilution
- ★ Accurate determinations by persons with deficient color vision
- ★ Matching field within the spectral region of maximum visual sensitivity

SPENCER

CHEMISTS' SUPPLY COMPANY, INC.

67 EAST MADISON STREET • PHONE: STate 2-5231

CHICAGO, ILLINOIS